

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Eduart Tani
3769 East Henry Avenue
Cudahy, Wisconsin 53110

2. Article Number

(Transfer from service label)

TSCA-05-2010-0018

7009 1680 0000 7662 1069

PS Form 3811, March 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
3-11-11

C. Signature

X And Vorragitar

- Agent
- Addressee
- Yes
- No

D. Is delivery address different from item 1? If YES, enter delivery address below:

RECEIVED

MAR 14 2011

REGIONAL HEARING CLERK

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

USEPA REGION 5

4. Restricted Delivery? (Extra Fee)

Yes

REGION

102595-01-M-1424