

**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. Charles Santangelo  
 D.A. Stuart Company  
 4580 Weaver Parkway  
 Warrenville, Illinois 60555

TSCA-05-2011-0003

2. Article Number

(Transfer from service label)

7001 0320 0005 8920 0074

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

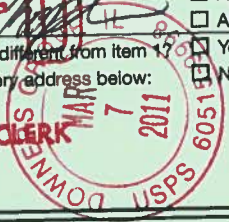
*[Handwritten Signature]*

- Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  No

YES, enter delivery address below:

**RECEIVED**  
**MAR 09 2011**  
**REGIONAL HEARING CLERK**  
**USEPA**  
**REGION 5**



3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**RECEIVED**  
**MAR 09 2011**  
**REGIONAL HEARING CLERK**  
**USEPA**  
**REGION 5**

102595-01-M-1424