

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 Craft
 1117 N Bluff Road
 Greenwood, Indiana 46142

2. Article Number

(Transfer from service lab)

7009 1680 0000 7670 6049

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

- Agent
- Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

AUG 16 2010

REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED

TSCA-05-2010-0017