

UNITED STATES POSTAL SERVICE

First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Sarah Meeks, OESo4-3
U.S. EPA
5 Post Office Square, Suite 100
Boston, MA 02109-3912

021093946



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:

John Laughter
17 Gano Ave.
Johnston, RI 02919

2. Article Number
(Transfer from service label)

7010 0290 0000 5810 3507

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Sarah Meeks Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



In the Matter of John Laughter
EPA Docket No. TSCA-01-2010-0007

CERTIFICATE OF SERVICE

I certify that the following documents (1) Complainant's Motion for Default Order, (2) Complainant's Memorandum in Support of Motion for Default Order, and (3) Proposed Default Order were sent to the following persons, in the manner specified, on the date below:


Original and one copy,
hand-delivered:

Wanda Santiago
Regional Hearing Clerk (ORA18-1)
U.S. EPA, Region I
Five Post Office Square, Suite 100
Boston, MA 02109-3912

Copy by Certified Mail,
Return Receipt Requested:

John Laughter
17 Gano Avenue
Johnston, RI 02919

Dated: 9/2/10


Sarah Meeks
Enforcement Counsel
U.S. Environmental Protection Agency
Region 1
Five Post Office Square, Suite 100
Mail Code: OES04-3
Boston, MA 02109-3912
Tel (617) 918-1438
FAX (617) 918-0438

7010 0290 0000 5810 3507

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To **John Laughter**

Street, Apt. No.,
or PO Box No. **17 Gano Ave.**

City, State, ZIP+4 **Johnston, RI 02919**

PS Form 3800, August 2005 See Reverse for Instructions