

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. David B. Waxman
 Waxman Blumenthal LLC
 28601 Chagrin Boulevard, Suite 500
 Cleveland Ohio 44122

2. Article Number

(transfer from service label)

7009 1680 0000 7668 0677

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

MARLA REED 11-12

C. Signature

X *Marla Reed* Agent Addressee

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

NOV 07 2012

REGIONAL HEARING CLERK

U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

La Dawn White Head

Regional Hearing Clerk (E-19J)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago IL 60604

