

**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:

Mrs. Leticia Gomez  
1957 South 29<sup>th</sup> Street  
Milwaukee, Wisconsin 53215

2. Article Number  
(Transfer from service label)

TSCA-05-2011-0019

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
9-16-11

C. Signature  
X *J. A. Gandy*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes  No

7009 1680 0000 7665 9185

Domestic Return Receipt

102595-01-M-142

UNITED STATES POSTAL SERVICE

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

REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY

RECEIVED  
SEP 22 2011

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

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