

SENDER: COMPLETE THIS SECTION

- Complete items 1a, 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:

**REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY,**
Eric Schriver, President
Coltene/Whaledent, Inc.
235 Ascot Parkway
Cuyahoga Falls, Ohio 44223

FIFRA-05-2009-0002

2. Article Number

(Transfer from service label)

7001 0320 0006 0183 0272

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Tina Rye

B. Date of Delivery

1-12-09

C. Signature

Tina Rye

Agent

Addressee

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

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424