

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:

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

Ms. Sharon Bodine
 Parker Rust-Proof of Cleveland
 1688 Arabella Road
 Cleveland, Ohio 44112

EPCRA-05-2009-0015

2. Article Number (Copy from service label)

7001 0320 0006 0182 9788

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Regina Lambertha

B. Date of Delivery

3/16/09

C. Signature

X Regina M. Lambertha

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