

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>Ronnie V. White</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: right; color: red;">OCT 07 2011</p> <p>Mr. Ronnie V. White REGIONAL HEARING CLERK 1859 O'Brien Street U.S. ENVIRONMENTAL PROTECTION AGENCY South Bend, Indiana 46628</p> <p style="font-size: 2em; color: red; opacity: 0.5; position: absolute; top: 100px; left: 100px;">RECEIVE</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, give delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em;">TSCA-05-2011-0023</p>	<p>7009 1680 0000 7672 0090</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1840</p>	

UNITED STATES POSTAL SERVICE

SOUTH BEND IN 466

05 OCT 2011 PM 2 L

First Class Mail
 Postage & Fees Paid
 USPS
 Permit No. 6-10

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

RECEIVE

OCT 07 2011

REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

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

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