

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. Robert Christensen
 d/b/a Bob's Repair
 1014 3d Avenue NE
 Brainerd, Minnesota 56401

SDWA-05-2010-0001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 9. 27.10

C. Signature Agent
 X: Robert Christensen Addressee

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

OCT 19 2010

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

2. Article Number
 (Transfer from service label)

7009 1680 0000 7643 1422

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424