

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:

Gregg J. Corbo
Kopelman & Paige, P.C.
101 Arch Street
Boston, MA 02110

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Matthew Robman Addressee

B. Received by (Printed Name) *Matthew Robman* C. Date of Delivery *9-7-9*

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

7008 1830 0002 8345 4812

Domestic Return Receipt *CWA-01-2007-0073* 102595-02-M-1540

UNITED STATES POSTAL SERVICE BOSTON MA 021

25 SEP 2005

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

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

JHBS

Judy Lao
Acting, Regional Hearing Clerk
US EPA Region 1
1 Congress Street, Suite 1100 (RAA)
Boston, MA 02114

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