

**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:

Pat O'Connell, Vice President  
 Energy North Incorporated  
 1700 Shawsheen Street  
 Tewksbury, MA 01876  
 Docket No. CWA-01-2009-0083

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Pat O'Connell*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

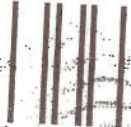
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 1830 0002 8344 8958

UNITED STATES POSTAL SERVICE



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

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

*18-1*

Wanda I. Santiago  
 Regional Hearing Clerk  
 US EPA - Region I  
 5 Post Office Square - Suite 100  
 Mail Code: ORA 18-1  
 Boston MA 02109

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