

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. Wade Taatjes
 3700 Dutches Avenue, SE
 Grand Rapids, Michigan 49526

TSCA-05-2010-0011

2. Article Number
 (Transfer from service label)

7009 1680 0000 7666 6658

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) WADE TAATJES B. Date of Delivery 6/17/11

C. Signature [Signature] Agent Address

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

2011 JUN 20 PM 3:58
 U.S. EPA REGION 5
 CHICAGO, IL 60604
 CLERK

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 •

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

2011 JUN 20 PM 3:58
 U.S. EPA REGION 5
 CHICAGO, IL 60604
 CLERK

7009 1680 0000 7666 6658