
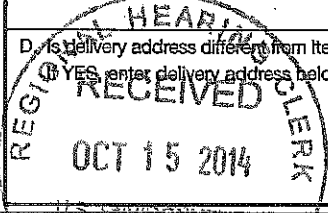


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  Michael D. Daneker, Attorney Arnold & Porter, LLP 555 Twelfth Street, NW Washington, DC 20004-1206	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service label)	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below: _____  
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>

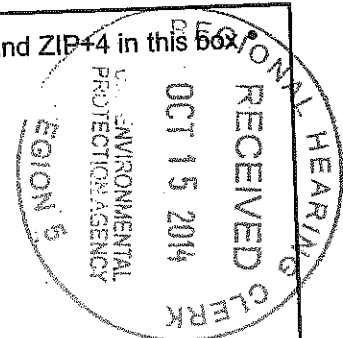
UNITED STATES POSTAL SERVICE  
 DISTRICT OF COLUMBIA  
 07 OCT '14  
 PM 4 L

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

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

James Entzminger  
 U.S. EPA  
 CEPPS - Mail Code SC-5J  
 77 West Jackson Blvd.  
 Chicago, IL 60604

EPCRA-05-2015-000  
 CARO



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