

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Received by (Please Print Clearly)	B. Date of Delivery 4-27-09
1. Article Addressed to:		C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No
David Kruszka, Plant manager Double Eagle Steel Coating Co. 3000 Miller Road Dearborn, Michigan 48120 <i>EPCRA-05-2009-0018</i>		D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 01 2009 REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY </div>	
2. Article Number (Transfer from service label)		3. Service Type	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, March 2001 <i>SC-65 J. Entzminger</i>		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
7001 0320 0006 0190 3129		Domestic Return Receipt	
102595-01-M-1424			

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
<i>SC-65</i>	
<i>OFFICIAL USE</i>	
<i>EPCRA-05-2009-0018</i>	
CAFU Postage	\$ 151
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 641
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4 David Kruszka, Plant manager Double Eagle Steel Coating Co. 3000 Miller Road Dearborn, Michigan 48120	
7001 0320 0006 0190 3129	PS Form 3800, January 2002 or Instructions