

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 Dutchess Avenue, SE
Grand Rapids, Michigan 49526

TSCA-05-2010-0011

2. Article Number
(Transfer from service label)

7001 0320 0006 0188 0215

PS Form 3811, March 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

WADE TAATJES 1/6/11

C. Signature

X

D. Is delivery address different from item 1?
if YES, enter delivery address below:

- Agent
- Addressee
- Yes
- No

RECEIVED

JAN 12 2011

REGIONAL HEARING CLERK

USEPA

REGION 5

- Registered Mail
- Express Mail
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424