

**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.

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

- Agent
- Addressee

Address different from item 1?  Yes  
delivery address below:  No

**RECEIVED**

JUN - 3 2010

**US Environmental Protection Agency**    
**Fines and Penalties - CFC**  
**PO Box 979077**  
**St. Louis, MO 63197-9000**

**REGIONAL HEARING CLERK**  
**U.S. ENVIRONMENTAL**  
**PROTECTION AGENCY**

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7001 0320 0006 0188 0307

PS Form 3811, March 2001

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**RECEIVED**

Postage \$

Certified Fee

MAY 26 2010

Return Receipt Fee  
(Endorsement Required)

**REGIONAL HEARING CLERK**  
**U.S. ENVIRONMENTAL**  
**PROTECTION AGENCY**

Postmark Here  
Whitehead  
STATION 60604-9998

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**PO Box 979077**  
**St. Louis, MO 63197-9000**

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