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

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. Rafael Del Moral
Quantronic Corp.
8300 89th Avenue
Brooklyn Park, MN 55445

EPCRA-05-2011-0016

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Rafael del Moral

B. Date of Delivery 5-05

C. Signature X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAY 10 2011
REGIONAL HEARING CLERK
USEPA
REGION 5

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7009 1680 0000 7666 6626

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-