

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. Edward F. Vannoller
2501 Rudgato Drive, NW
Grand Rapids, Michigan 49544

2. Article Number

(Transfer from service label)

7009 1680 0000 7662 0970

PS Form 3811, March 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

Edward F. Vannoller 12/11/2010

C. Signature

x Edward F. Vannoller

- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

DEC 14 2010

REGIONAL HEARING CLERK

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

TSCA-05-2011-0002

102595-01-M-1424