

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:

Ms. Kristin Gillan
4848 North Lydell Ave. Apt. 108
Milwaukee, Wisconsin 53217

TSCA-05-2010-0006

2. Article Number
(Transfer from service label)

7001 0320 0006 0189 9798

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

Kristin Gillan 2-6-10
C. Signature

Agent
 Addressee

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

RECEIVED
FEB 23 2010
REGIONAL HEARING CLERK

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

4. Restricted Delivery? (Extra Fee) Yes