

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:

T. Allen Francis Esq.
Fletcher Fealko Shoudy & Francis P.C.
522 Michigan Street
Port Huron, Michigan 48060

2. Article Number

(Transfer from service label)

7009 1680 0000 7672 1172

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Cristal Boyle

- Agent
 Addressee

B. Received by (Printed Name)

Cristal Boyle

C. Date of Delivery

4-19-12

D. Use delivery address different from item 1
If YES, enter delivery address below:

- Yes
 No

APR 19 2012

REGIONAL HEARING CLERK

3. Service Type

Certified Mail Registered Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

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

