

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Lee A. Cavano Scranton Associates, Inc. 17647 Foltz Pkwy. Strongsville, Ohio 44149</p>	<p>B. Received by (Printed Name) Patricia Tiedjen</p>	<p>C. Date of Delivery 4-16-12</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>FIFRA 05-2012-0008</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Enter delivery address below)</p> <p><b>DELIVERED</b></p> <p><b>APR 18 2012</b></p>	
<p>3. REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

7009 1680 0000 7673 4493

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
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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

