

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 Description:
**REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY**

Mr. Mehran Nicholas Valigi
 529 E. Fletcher Ave.
 Indianapolis, IN 46204

TSCA-05-2009-0003

2. Article Number (Copy from service label)

7001 0320 0006 0183 0333

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

mehran Valigi

C. Signature

x M. Valigi

- Agent
- Addressee

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

