

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:

Burton Industries
ATTN: Mr. Mark Leman
P.O. Box 250
9821 Cedar Falls Road
Hazelhurst, WI 54531

EPCRA-05-2012-0008

2. Article Number
(Transfer from service label)

7009 1680 0000 7672 0960

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *FEB 15 2012*

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

REGIONAL HEARING CLERK

USEPA

REGION 5

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

PERMIT NO. 191 P&DF 54

10 FEB 2012 PM 2 T

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-195)
U.S. EPA
77 W. Jackson Blvd.
Chicago, IL 60604

RECEIVED
FEB 15 2012
REGIONAL HEARING CLERK
USEPA
REGION 5