

**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.

Article Addressed to:

Gregg J. Corbo  
Kopelman & Paige, P.C.  
Town Counsel  
101 Arch Street, 12<sup>th</sup> Floor  
Boston, MA 02110-1109

Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

Form 3811, February 2004 Domestic Return Receipt **CWA-01-2009-0073** 102595-02-M-1540

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 •

Judy Lao  
Acting, Regional Hearing Clerk  
US EPA Region 1  
1 Congress Street, Suite 1100 (RAA)  
Boston, MA 02114

