



RECEIVED

DEC 23 2010

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U.S. ENVIRONMENTAL PROTECTION AGENCY

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Label/Receipt Number: **7009 1680 0000 7662 0987**
Service(s): **Certified Mail™**
Status: **Delivered**

Your item was delivered at 2:10 pm on December 10, 2010 in GREAT FALLS, VA 22066.

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| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|---------------------|
| <ul style="list-style-type: none"> 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. | | A. Received by (Please Print Clearly) | B. Date of Delivery |
| 1. Article Addressed to: | | C. Signature | |
| <p>D.S. Berenson, Esquire Kevin M. Tierney, Esquire Johanson Berenson LLP 1146 Walker Road, Suite C Great Falls, Virginia 22066</p> <p><i>TSCA-05-2010-0013</i></p> | | <p>X <i>Pa n. T...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| 2. Article Number (Transfer from service label) | | D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| 7009 1680 0000 7662 0987 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Service Type | | 4. Restricted Delivery? (Extra Fee) | |
| <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. | | <input type="checkbox"/> Yes | |

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424