

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) <i>Kim Carter</i>	B. Date of Delivery <i>7-6-09</i>
1. Article Addressed to: <p style="text-align: center;">Timothy D. Hoffman Counsel to Respondent 1100 Courthouse Plaza SW 10 N. Ludlow Street Dayton, OH 45402</p>	C. Signature <input checked="" type="checkbox"/> <i>Kim Carter</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
<i>FIFRA-05-2009-0015</i>	D. Is delivery address different from item 1? Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Enter delivery address below) <div style="text-align: center; border: 1px solid red; padding: 5px;"> <h1 style="margin: 0;">RECEIVED</h1> <p style="margin: 0; color: red;">JUL 14 2009</p> <p style="margin: 0; color: red; font-weight: bold;">REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</p> </div>	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7001 0320 0006 0188 0970		102595-01-M-1424