

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. Signature <input checked="" type="checkbox"/> <i>Matthew Corbo</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">Gregg J. Corbo Kopelman & Paige, P.C. 101 Arch Street Boston, MA 02110</p>	B. Received by (Printed Name) <i>Matthew Corbo</i>	C. Date of Delivery <i>9-17-09</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1830 0002 8345 4805	CWA-01-2009-0072 02595-02-M-1540	



• Sender: Please print your name, address, and ZIP+4 in this box •

MBS

Judy Lao,
 Acting Regional Hearing Clerk
 US EPA – Region I
 1 Congress St, Suite 1100 – RAA
 Boston, MA 02114-2023

