

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 this card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Steve Dimaggio, Manager
Advanced Resource Recovery, L.L.C.
27140 Princeton Avenue
P.O. Box 330
Inkster, MI 48141

EPCRA-15-2009-0006

2. Article Number

(Transfer from service label)

7001 0320 0006 1452 9132

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

SUSAN GARCIA 12-18-08

C. Signature

X *Susan Garcia* Agent Addressee

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



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0006 1452 9132

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CAFO Postage	\$ 134
ENTZM149 Certified Fee	230
SC-67 Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	624



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for Instructions