

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. 	<p>A. Signature X <i>KL</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Tara L. Heath, Attorney The Boston Beer Company One Design Center Place, #850 Boston, Massachusetts 02210</p>	<p>B. Received by (Printed Name) _____ Co. Date of Delivery <i>8/25/14</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">REGIONAL HEARING CLERK RECEIVED SEP - 2 2014</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 3680 0000 7648 4183</p>	
<p>Domestic Return Receipt 102595-02-M-1540</p>	

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25 AUG '14
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James Entzminger
U.S. EPA
CEPPS - Mail Code SC-5J
77 West Jackson Blvd.
Chicago, IL 60604

*CARD
CEPCA-05-2014-0010
EPCRA-05-2014-0019
MM-05-2014-0004*

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<p>1. Article Addressed to:</p> <p>Mary Ann Nolan, Director Environmental Health and Safety The Boston Beer Company One Design Center Place, #850 Boston, Massachusetts 02210</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below _____</p> <p>3. Service Type U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5 <input 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7648 4376</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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