

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

1. Article Addressed to:

**Mr. Hans Rasmussen**  
**Kongskilde Industries, Inc.**  
**19500 N 1425 East Road**  
**Hudson, Illinois 61748**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Billie Solter** B. Date of Delivery **1/21/11**

C. Signature *[Handwritten Signature]*

D. Is delivery address different from item 1?  Yes  No  
 If Yes, enter delivery address below:

**JAN 25 2011**

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

2. Article Number (Transfer from service label) **7171A-05-2011-0006**

3. Service type:  Certified Mail  Registered  Insured Mail  Express Mail  Return Receipt for Merchandise  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, March 2001

Domestic Return Receipt

7009 1680 0000 7666 6589