

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

1. Article Addressed to:

William C. Spencer, Esq.  
 Offices of William Spencer, Esq., LLC  
 Attorney At Law  
 75 Glen Road  
 Sandy Hook, CT 06482

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *W Spencer*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*W Spencer* *8-31-09*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7008 1830 0002 8345 4669

PS Form 3811, February 2004

Domestic Return Receipt

*TSCA-09-0052*

102595-02-M-1540

UNITED STATES POSTAL SERVICE

CENTRAL FACILITIES

18 SEP 2009 PM 3:1

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

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

*RAA*

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