

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:

Mr. Joseph S. Simpson, Attorney
Schumaker, Loop & Kendrick, LLP
1000 Jackson Street
Toledo, Ohio 43604-5573

2. Article Number
(Transfer from service label)

7009 1680 0000 7676 9532

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *[Handwritten Signature]* Addressee

B. Received by (Printed Name) Agent
[Handwritten Name] Addressee

C. Date of Delivery

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

JUN 25 2013
JUL - 1 2013
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

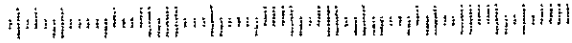
James Entzminger
U. S. Env. Protection Agency
CEPPS - Mail Code SC-5J
77 West Jackson Blvd.
Chicago, IL 60604

EPCRA-05-2013-0017
Complaint

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

JUL - 1 2013

RECEIVED



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1. Article Addressed to:

Mr. Ron Kahle, Jr.
 Owner
 Kahle Company d/b/a K&L Ready Mix Inc.
 10391 State Route 15
 Ottawa, Ohio 45875

2. Article Number
 (Transfer from service label)

7009 1680 0000 7663 2812

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** *Nicole Kaufman* Agent Addressee

B. Received by (Printed Name) *Nicole Kaufman* C. Date of Delivery *6-20-13*

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

RECEIVED

JUL - 1 2013

3. Service Type: **REGIONAL HEARING CLERK**
 Certified Mail Registered Mail Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

James Entzminger
 U.S. EPA, Region 5
 Mail Code: SC-5J
 77 W. Jackson Blvd.
 Chicago, IL 60604

EPCRA-05-2013-0017
Complaint

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

JUL - 1 2013

RECEIVED

