

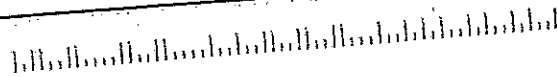
UNITED STATES POSTAL SERVICE



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

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

*La Dawn Whitehead*  
Regional Hearing Clerk (E-19J)  
U.S. EPA  
77 W. Jackson Blvd.  
Chicago, Illinois 60604



**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. Archie W. Skidmore  
Skidmore & Associates  
PNC Center  
One Cascade Plaza, 12<sup>th</sup> Floor  
Akron, Ohio 44308

2. Article Number  
(Transfer from service label)

*TSCA-05-2012-0001*

7009 1680 0000 7668 0691

PS Form 3811, February 2004

Domestic Return Receipt

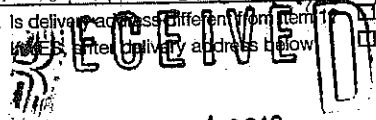
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X Victoria Leach*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Victoria Leach* *10-4-12*

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



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

4. Restricted Delivery? (Extra Fee)  Yes