

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature: *[Handwritten Signature]* Agent Addressee
 B. Received by (Printed Name): *[Handwritten Name]* C. Date of Delivery: *08-4-16*

Mr. D. Doc McClellon
 Westside Environmental Plan of Action Committee, LLC
 1821 West Bulter Street
 Peoria, Illinois 61605

Delivery address different from item 1? Yes No
 enter delivery address below:
 AUG - 9 2016
 U.S. ENVIRONMENTAL PROTECTION AGENCY

TSCA-05-2016-0009

ESA

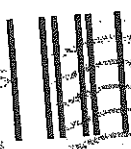
- Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) *7011 1150 0000 2640 6776*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

UNITED STATES POSTAL SERVICE

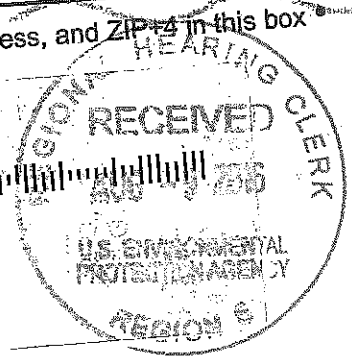


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

AUG 04 2016 AM 11

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

LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



TSCA-05-2016-0009

ESA