

UNITED STATES POSTAL SERVICE

IL 604

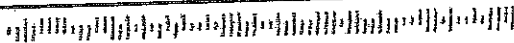
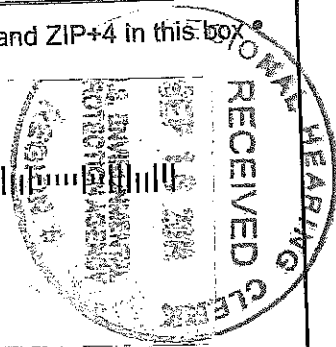
12 SEP '14



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

PN 4 L
Sender: Please print your name, address, and ZIP+4 in this box.

LADAWN WHITEHEAD
REGIONAL HEARING CLERK (E-19J)
U.S. EPA - REGION 5
77 WEST JACKSON BLVD
CHICAGO, IL 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. Francis X. Lyons, Esquire
Schiff Hardin LLC
233 South Wacker Drive, Suite 6600
Chicago, Illinois 60606

RCRA-05-2014-0012

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

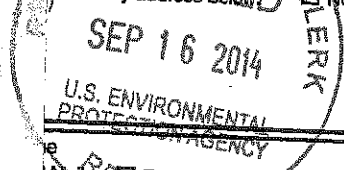
A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name): *Francis X Lyons* C. Date of Delivery: *9-12-14*

D. Is delivery address different from item 1? Yes
or delivery address below No



- registered Mail
- insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 1680 0000 7672 1929

Domestic Return Receipt

102595-02-M-1540