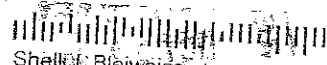
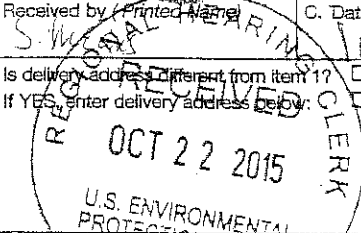


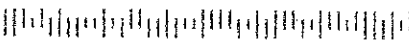
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature: <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to:  Shell J. Bleiweiss Law Office of Shell J. Bleiweiss Environmental and OSHA Law 1 South Dearborn, Suite 2100 Chicago, Illinois 60603-2307	B. Received by (Printed Name): <i>S. Weisap</i> C. Date of Delivery: <i>10/19</i>
2. Article Number (Transfer from service label) <i>7011 1150 0000 2640 4314</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 
EPCRA-05-2016-0001	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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