

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  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery

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

1. Article Addressed to:

Ms. Freedom S.N. Smith  
 Ice Miller LLP  
 One American Square, Suite 2900  
 Indianapolis, Indiana 46282-0200

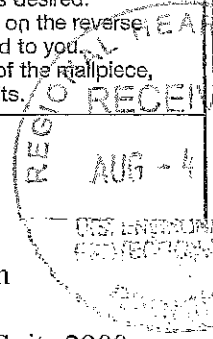
Mail®  Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery  
 Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7015 0640 0004 5965 4819

PS Form 3811, July 2013

Domestic Return Receipt



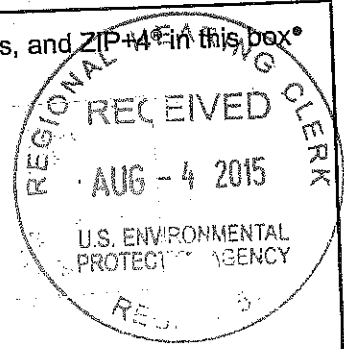
UNITED STATES POSTAL SERVICE  
 IN 460  
 29 JUL '15



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



CERCLA-05-2015-006  
 EPCRA-05-2015-0020  
 CARD MN-05-2015-0004

