

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 •

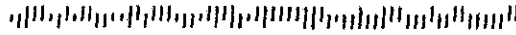
LaDawn WhiteHead, RHC, (E-19J)  
Office of Enf. & Comp. Assurance  
U.S. Env. Prot. Agency  
77 W. Jackson Blvd.  
Chicago, IL 60604

RECEIVED

JUL 22 2013

REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY

04951199



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>Karen Hardsaw</i>	B. Date of Delivery <i>7-19-13</i>
1. Article Addressed to: <i>Clark Hardsaw d/b/a Longbottom &amp; Hardsaw 7025 Central Drive SW Central, IN 47110 CWA-05-2013-0012</i>	C. Signature <input checked="" type="checkbox"/> <i>Karen Hardsaw</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: RECEIVED JUL 22 2013	
PS Form 3811, March 2001	3. Service <b>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7009 1680 0000 7678 5594	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-A