

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.

Mr. Grant W. Wilkinson
P.O. Box 9005
Maumee, Ohio 43537

CWA 05 2013 0003
Some RFD

2. Article Number
 (Transfer from service label)

7001 0320 0006 1455 6152

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-14

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **GRANT WILKINSON** B. Date of Delivery **3/15/13**

C. Signature *[Signature]* Agent Addressee

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

RECEIVED
 MAR 19 2013

3. Service Type **REGIONAL HEARING CLERK USEPA REGION 5**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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Mr. Grant W. Wilkinson
P.O. Box 9005
Maumee, Ohio 43537

OGET CWA 05 2013 0003

2. Article Number
 (Transfer from service label)

7001 0320 0006 1455 6145

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-142

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **GRANT WILKINSON** B. Date of Delivery **3/15/13**

C. Signature *[Signature]* Agent Addressee

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

RECEIVED
 MAR 19 2013

3. Service Type **REGIONAL HEARING CLERK USEPA REGION 5**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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Grant W. Wilkinson, Esquire
Wilkinson & Associates, LLC
P.O. Box 9005
Maumee, OH 43537

Answer
CWA 05 2013 0003

2. Article Number
 (Transfer from service label)

7009 1680 0000 7664 7533

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **GRANT WILKINSON** Agent Addressee

B. Received by (Printed Name) **GRANT WILKINSON** C. Date of Delivery **3/15/13**

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

RECEIVED
 MAR 15 2013
 MAR 19 2013

3. Service Type **REGIONAL HEARING CLERK USEPA REGION 5**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

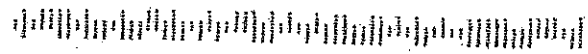


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

La Dawn Whitehead
Regional Hearing Clerk (E-19J)
U.S. EPA - Region 5
77 West Jackson Blvd
Chicago, IL 60604

RECEIVED
MAR 19 2013
REGIONAL HEARING CLERK
USPA
REGION 5



UNITED STATES POSTAL SERVICE

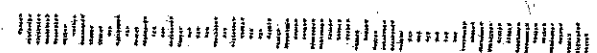


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Regional Hearing Clerk (E-19J)
U.S. EPA - Region 5
77 West Jackson Blvd
Chicago, IL 60604

RECEIVED
MAR 19 2013
REGIONAL HEARING CLERK
USPA
REGION 5



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REGIONAL HEARING CLERK
USPA
REGION 5

