

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <i>Monte Rees</i> B. Date of Delivery <i>5/8/09</i></p>	
<p>1. Article Addressed to:</p> <p>Jay Kempel, General Manager Stephenson Service Company 410 South Hancock Avenue Freeport, IL 61032-5311</p>		<p>C. Signature <i>[Signature]</i></p> <p>X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label) <i>7001 0320 0006 0190 3037</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, March 2001</p> <p>SC-65 J. Entzminger</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

MAY 12 2009

102595-01-M-1424

U.S. Postal Service	
<p>CERTIFIED MAIL RECEIPT</p> <p>(Domestic Mail Only; No Insurance Coverage Provided)</p>	
<p>CECLLA-05-2009-0007</p>	
Postage	\$ 1.10
Certified Fee	2.20
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.50
Sent To	Jay Kempel, General Manager Stephenson Service Company 410 South Hancock Avenue Freeport, IL 61032-5311
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

PS Form 3800, January 2001

See Reverse for Instructions

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