

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. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature <i>Yaley</i>	
1. Article Addressed to: <i>AAA-05-2009-0006</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mr. Edward J. Polen, President EMCO Chemical Distributors, Inc. 2100 Commonwealth Avenue North Chicago, Illinois 60064 <i>CERCLA-05-2009-0009</i> <i>EPCRA-05-2009-0028</i>	REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY	
	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0006 0188 9980	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<i>CERCLA-05-2009-0009</i> <i>AAA-05-2009-0006</i> <i>EPCRA-05-2009-0028</i>	
CAPO ENTZMINA SC-6J	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7001 0320 0006 0188 9980	REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY
Mr. Edward J. Polen, President EMCO Chemical Distributors, Inc. 2100 Commonwealth Avenue North Chicago, Illinois 60064-2725	