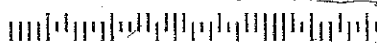
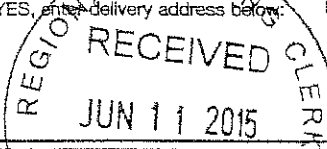


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Eurika Durr</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Eurika Durr</i></p> <p>C. Date of Delivery <i>6/11/15</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">  Eurika Durr c/o Jonathan Fleuchaus Clerk of the Board Environmental Appeals Board U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, N. W. (1103M) Washington, DC 20460 </p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type: ENVIRONMENTAL PROTECTION AGENCY <input 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>
<p>2. Article Number (Transfer from service label) <i>7011 1150 0000 2640 4444</i></p>	<p style="text-align: center;">  </p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ <i>13.60</i>	<i>Whitehead</i> <i>E195</i> Postmark Here
Certified Fee	<i>3.30</i>	
Return Receipt Fee (Endorsement Required)	<i>2.70</i>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	<i>19.60</i>	
Sent To	Eurika Durr c/o Jonathan Fleuchaus Clerk of the Board Environmental Appeals Board U.S. Environmental Protection Agency 1200 Pennsylvania Avenue, N. W. (1103M) Washington, DC 20460	
Street, Apt. No. or PO Box No.		
City, State, Zip		

PS Form 3800, August 2006 See Reverse for Instructions

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 Permit No. 9-10

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

LaDawn Whitehead
 Regional Hearing Clerk
 U.S. EPA - Region 5
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590

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 USEPA REGION 5
 JUN 10 2015
 OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE