

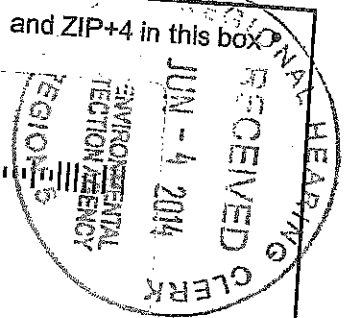
UNITED STATES POSTAL SERVICE



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
REGIONAL HEARING CLERK (E-19J)
U.S. EPA - REGION 5
77 WEST JACKSON BLVD
CHICAGO, IL 60604



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.

1. Article Addressed to:



Mr. Luther Liggett Jr.
Luper Neidenthal & Logan
1200 LeVeque Tower
50 W. Broad St.
Columbus, Ohio 43215

FIFRA-05-2014-0017

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name) **HEARING CLERK**, Date of Delivery

D. Is delivery address different from Item 1? Yes
Is your delivery address below? No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7009 1680 0000 7649 6582