

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name): <u>REGIONAL HEARING CLERK</u></p> <p>C. Date of Delivery: <u>APR 17 2018</u></p>
<p>1. Article Addressed to:</p> <p>LADAWN WHITEHEAD REGIONAL HEARING CLERK U.S. EPA - REGION 5 - E19J 77 WEST JACKSON BLVD CHICAGO, IL 60604</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p>3. Service Type: U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7662 7252</p>
PS Form 3811, July 2013	Domestic Return Receipt

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
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604

REGIONAL HEARING CLERK
RECEIVED
APR 20 2018
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5

