

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 •

James Entzminger
U. S. Env. Protection Agency
CEPPS - Mail Code SC-5J
77 West Jackson Blvd.
Chicago, IL 60604

RECEIVED
JUN 19 2013
REGIONAL HEARING CLERK
USEPA
REGION 5

CERCLA-05-2013-0059
EPCRA-05-2013-0015
CARO MM-05-2013-0006

4350893

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:

Scott Bevier, Assistant Superintendent
Summit Township
Department of Public Works
2121 Ferguson Road
Jackson, Michigan 49203

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Carolyn Brown Addressee

B. Received by (Printed Name) C. Date of Delivery
Carolyn Brown 6-10-13

D. Is delivery address different from item 1? Yes
 No
Yes, enter delivery address below:

RECEIVED
JUN 19 2013

REGIONAL HEARING CLERK

3. Service type
 Certified Mail Express Mail
 Registered Mail Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 1680 0000 7676 9495

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



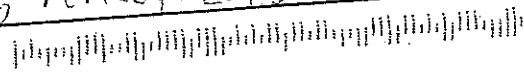
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

James Entzminger
U. S. Env. Protection Agency
CEPPS - Mail Code SC-5J
77 West Jackson Blvd.
Chicago, IL 60604

RECEIVED
JUN 19 2013
REGIONAL HEARING CLERK
USEPA
REGION 5

CERCLA-05-2013-0009
EPLRA-05-2013-0015
CAFO RM-05-20130006



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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>Kevin M. Thomson, Attorney Abbott, Thomson & Beer, PLC 180 West Michigan Avenue, Suite 601 Post Office Box 450 Jackson, Michigan 49204-0450</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Kevin M. Thomson</i> JUN 19 2013</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><i>[Signature]</i> JUN 19 2013 REGIONAL HEARING CLERK</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type USEPA</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 1680 0000 7676 9501</p>	