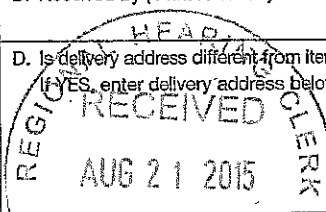


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>S. M. ...</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Benjamin S. Zacks Zacks Law Group LLC 33 South James Road Columbus, Ohio 43213</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 style="text-align: center;">  </p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input checked="" 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"/> O.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>CAA0520150051 - BZ</i></p> <p><i>7011 1150 0000 2640 4970</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>


PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

UNITED STATES POSTAL SERVICE

OH 430
16 AUG 15

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
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590