

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:
Christopher T. Nowotarski
Stuart M. Sheldon
STONE POGRUND & KOREY LLC
1 E. Wacker Dr., Ste 2610
Chicago, IL 60601
RCRA-05-2009-0009

2. Article Number
(Transfer from service label)

7001 0320 0006 0188 1021

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *STANOR* B. Date of Delivery *5/27/09*

C. Signature *[Signature]* Agent Addressee

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

RECEIVED
MAY 28 2009
REGIONAL HEARING CLERK

3. Service Type **USEPA REGION 5**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes