

**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. Hugh Ashlock  
 Member  
 Dimond Center, LLC  
 800 east Dimond Boulevard, Suite 3-500  
 Anchorage, Alaska 99515

CAA-05-2016-0036

**2. Article Number**  
(Transfer from service label)

7011 1150 0000 3640 6806

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

- Agent
- Addressee

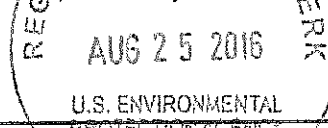
**B. Received by (Printed Name)**

Cherian Khan

**C. Date of Delivery**

8/19

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



**3. Service Type**

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

- 4. Restricted Delivery? (Extra Fee)**  Yes

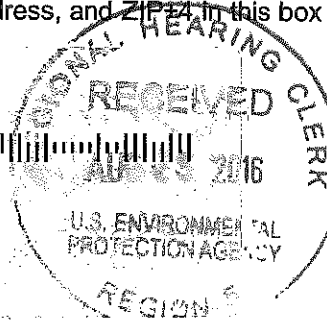
UNITED STATES POSTAL SERVICE



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



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