

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <b>X J. Ba2 M</b> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Address</p>   |
| <p>1. Article Addressed to:</p> <p><b>Douglas K. Cooper</b><br/> <b>Escanaba Paper Company</b><br/> <b>7100 County Rd 426</b><br/> <b>Escanaba, MI 49829</b><br/> <b>CAA-05-2012-0026</b></p>  | <p>B. Received by (Printed Name) C. Date of Delivery<br/> <b>JUN - 4 2012</b></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/> If YES, enter delivery address below.</p> <p><b>RECEIVED</b><br/> <b>JUN - 4 2012</b><br/> <b>REGIONAL HEARING CLERK</b><br/> <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> |
| <p>2. Article Number<br/> (transfer from service label)</p>  | <p>3. Service type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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 7673 9863</p>  |   |

UNITED STATES POSTAL SERVICE



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

RECEIVED

JUN - 4 2012

REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL PROTECTION AGENCY

• Sender: Please print your name, address, and ZIP+4 in this box •

ATTN: Ladawn Whitehead  
Environmental Protection Agency  
Air and Radiation Division (E-19J)  
West Jackson Blvd.  
Chicago, Illinois 60604

