

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>* Evelyn Armstrong</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>8-17-15</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mr. Jill Barker CEO/Superintendent Anderson Preparatory Academy 101 W. 29th St. Anderson, Indiana 46016</p> <p style="text-align: center;">TSCA-05-2015-0010</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;">AUG 20 2015 U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5 CLERK</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7011 1150 0000 2643 8609</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E</p>	

UNITED STATES POSTAL SERVICE

IN 460
17 BLK 115
PRZL

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

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

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5

LaDawn Whitehead
Regional Hearing Clerk
U.S. EPA - Region 5
77 West Jackson Blvd (E-19J)
Chicago, IL 60604-3590