

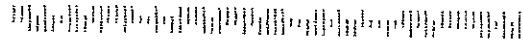
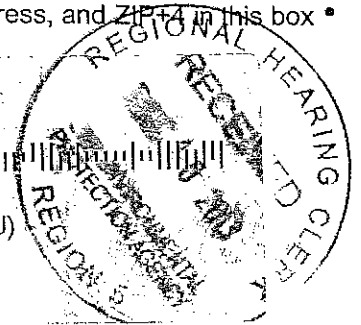
UNITED STATES POSTAL SERVICE



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  
U.S. EPA - REGION 5 (E-19J)  
77 WEST JACKSON BLVD  
CHICAGO, IL 60604



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 <input checked="" type="checkbox"/> Agent  <i>x Rustapi</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>12/5</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Charley Kubler, CHMM  G &amp; K Services, Inc.  5995 Opus Parkway  Minnetonka, Minnesota 55343</p> <p>RCRA-05-2014-0003</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><i>HEARING RECEIVED</i>  DEC 10 2013</p>
<p>2. Article Number  (transfer from service label)</p> <p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input 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>7009 1680 0000 7663 7039</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>