

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:

The Dudley B. Burrell Trust
 300 North Indiana Avenue
 Kankakee, IL 60901

TSCA 052006 0012

2. Article Number

(Transfer from service label)

7001 0320 0005 8922 3073

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Willie Paul Burrell* B. Date of Delivery *1/03/2011*

C. Signature *Willie Paul Burrell* Agent Addressee

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

RECEIVED
 JAN 11 2011

REGIONAL HEARING CLERK

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

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to:

The Willie P. Burrell Trust
 300 North Indiana Avenue
 Kankakee, IL 60901

TSCA 052006 0012

2. Article Number

(Transfer from service label)

7099 3400 0000 9594 1448

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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	<p>C. Signature <i>Willie P. Burrell</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Dudley B. Burrell 300 North Indiana Avenue Kankakee, IL 60901</p> <p><i>TSCA 05 2006 0012</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED JAN 11 2011 REGIONAL HEARING CLERK</p>	
<p>2. Article Number (Transfer from service label) <i>7001 0320 0005 9029 1139</i></p>	<p>3. Service Type USEPA REGION 5 <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>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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	<p>C. Signature <i>Willie P. Burrell</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Willie P. Burrell 300 North Indiana Avenue Kankakee, IL 60901</p> <p><i>TSCA 05 2006 0012</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED JAN 11 2011 REGIONAL HEARING CLERK</p>	
<p>2. Article Number (Transfer from service label) <i>7001 0320 0005 8922 3080</i></p>	<p>3. Service Type REGIONAL HEARING CLERK <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>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	