

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. R. Lee Allen
 Fas-Pak, Inc.
 411 Fairfield Ave.
 Michigan City, Indiana 46360

2. Article Number
 (Transfer from service label)

7011 1150 0000 2643 8241

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



- Agent
- Addressee

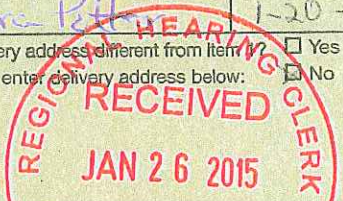
B. Received by (Printed Name)

Renee Peltz

C. Date of Delivery

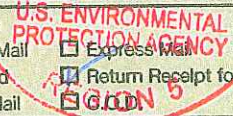
1-20-15

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



3. Service Type

- Certified Mail
- Express Mail
- Registered
- Insured Mail
- Return Receipt for Merchandise
- G.D.N.

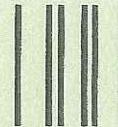


4. Restricted Delivery? (Extra Fee)

Yes

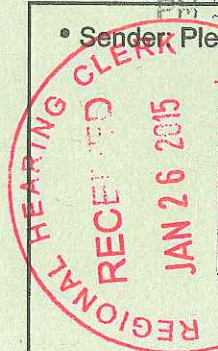
UNITED STATES POSTAL SERVICE

IL 604
 21 JAN 15
 PM 5:11



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 (E-19J)
 U.S. EPA
 77 W Jackson Blvd.
 Chicago, Illinois 60604



RECEIVED
 USEPA REGION 5
 JAN 23 2015
 OFFICE OF ENFORCEMENT &
 COMPLIANCE ASSURANCE

