

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:

**Phillip R. Scaletta, Esquire
ICE MILLER LLP
One American Square, Suite 2900
Indianapolis, Indiana 46220-2006**

*Answer
MM 05 2011 0006*

2. Article Number
(Transfer from service label)

7001 0320 0006 0187 9806

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

2. Article Number
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No

If Yes, enter delivery address below Yes No

INDIANAPOLIS, IN

JUL 13 2011

INDIANAPOLIS, IN

Express Mail Return Receipt for Merchandise

Registered Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Express Mail Return Receipt for Merchandise

C.O.D. (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

[Signature] Agent Addressee

Is delivery address different from item 1? Yes No

If Yes, enter delivery address below Yes No

INDIANAPOLIS, IN

JUL 13 2011

INDIANAPOLIS, IN

Express Mail Return Receipt for Merchandise

Registered Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Express Mail Return Receipt for Merchandise

C.O.D. (Extra Fee) Yes

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 •

**La Dawn Whitehead
Regional Hearing Clerk (E-19)
U.S. EPA - Region 5
77 West Jackson Blvd
Chicago, Illinois 60604**



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Received by (Please Print Clearly) <i>M. Solderman</i>	B. Date of Delivery <i>7-14-11</i>
1. Article Addressed to:		C. Signature <i>X M SOLDERMAN</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>Paul A. Teleki Director of Manufacturing Giles Chemical 200 Brown Street Greendale, Indiana 47025</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label) <i>MM 05 2011 0006</i>		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Restricted Delivery? (Extra Fee)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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 •

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Regional Hearing Clerk (E-19)
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LAWRENCEBURG, IN
 JUL 14 2011