


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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Aaron Root            Root Brothers Mfg. &amp; Supply Co.            10317 S. Michigan Avenue            Chicago, Illinois 60628</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label) <b>7009 1680 0000 7649 4847</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below: _____</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-154C</p>	

UNITED STATES POSTAL SERVICE

IL 604  
12 MAY '14

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

REGIONAL HEARING CLERK RECEIVED  
MAY 13 2014  
ENVIRONMENTAL AGENCY

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

Regional Hearing Clerk (E-19J)  
S. EPA  
7 W. Jackson Blvd.  
Chicago, Illinois 60604

REGIONAL HEARING CLERK RECEIVED

