
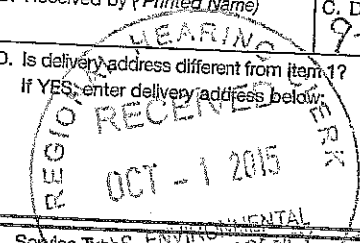



SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>Evelyn Armstrong</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>  <p>Ms. Jill Barker  Superintendent  Anderson Preparatory Academy, Inc.  101 West 29th Street  Anderson, Indiana 46016</p>	<p>B. Received by (Printed Name)  C. Date of Delivery  <i>9-28-15</i></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>2. Article Number  (Transfer from service label)</p>	<p>3. Service Type: <input checked="" 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 checked="" type="checkbox"/> C.O.D.</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p> <p><i>TSCA 05 2015 0010 (Remittance Paid)</i></p> <p>7011 1150 0000 2641 7086</p>	



UNITED STATES POSTAL SERVICE  
IN 460  
29 SEP '15  
09 21

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  
Regional Hearing Clerk  
U.S. EPA - Region 5  
77 West Jackson Blvd (E-19J)  
Chicago, IL 60604-3590

*TSCA 05 2015 0010*

*Remittance Paid*

