

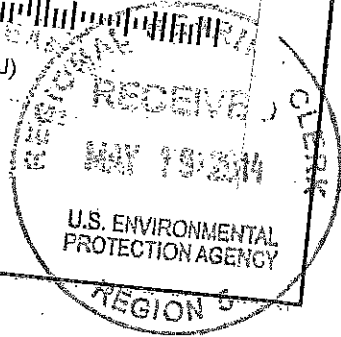
UNITED STATES POSTAL SERVICE



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

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

LADAWN WHITEHEAD
REGIONAL HEARING CLERK (E-19J)
U.S. EPA - REGION 5
77 WEST JACKSON BLVD
CHICAGO, IL 60604



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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 L. Owens Addressee

B. Received by (Printed Name) C. Date of Delivery

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

1.

Peter Coulopoulos, General Manager
 Summit, Inc.
 6901 West Chicago Avenue
 Gary, Indiana 46406

RCR 05 2014 0006

U.S. ENVIRONMENTAL PROTECTION AGENCY
 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7009 1680 0000 7663 9644

PS Form 3811, February 2004

Domestic Return Receipt

Answer

102595-02-M-1540