

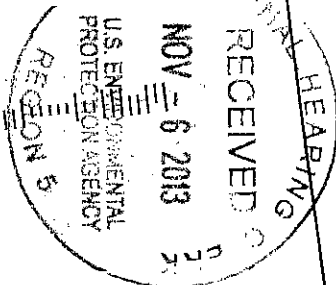
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• Sender: Please print your name, address, and ZIP+4 in this box •

LaDawn Whitehead
U.S. EPA - REGION 5 (E-19J)
77 WEST JACKSON BLVD
CHICAGO, IL 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. 	<p>A. Signature <i>LaDawn Whitehead</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Ms. Sybil Anderson (MC: 1900R) Office of Administrative Law Judges U.S. EPA 1200 Pennsylvania Avenue, N. W. Washington, DC 20460</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>11/6/13</u></p>
<p>2. Article Number (Transfer from service label)</p> <p><i>RCRA-05-2013-0013</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>NOV - 6 2013 U.S. ENVIRONMENTAL PROTECTION AGENCY</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input 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 type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 1680 0000 7663 9705</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>