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:

Mr. Michael Chambers
Taft, Stettinius, & Hollister LLP
One Indiana Square, Suite 3500
Indianapolis, Indiana 46204

TSCA-05-2012-0011

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Brennan Bay

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 19 2012
RECEIVED
MAR 21 2012
REGIONAL HEARING CLERK
USEPA
REGION 5

3. 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 7672 1158

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540