

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. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Linda Coppin* Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

*Joseph E. Simon
Abbott Laboratories
Dept 0542, Bldg. M1,
1401 Sheridan Road
North Chgo, IL 60064-
6299*

2. Article Number

(Transfer from service label)

7009 1680 0000 7673 8798

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CAA 05 2012 0004

THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Linda Coppin Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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7009 1680 0000 7673 8798

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Domestic Return Receipt

102595-01-M-1424

CAA 05 2012 0004

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 •

ATTN: Ladawn Whitehead
U.S. Environmental Protection Agency
Air and Radiation Division (E-19J)
77 West Jackson Blvd.
Chicago, Illinois 60604

RECEIVED

DEC 28 2011

**REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY**

CAA-05-2012-0004

