

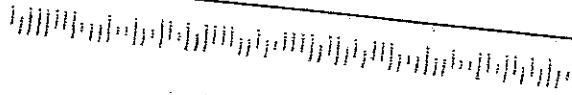
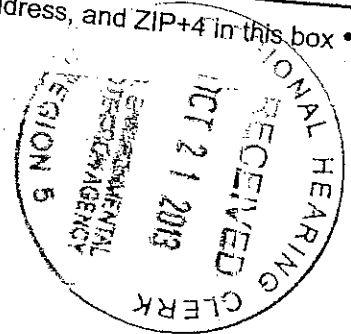
UNITED STATES POSTAL SERVICE



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

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

La Dawn 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.

1. Article Addressed to:

Meleen Corporation
Meleen's Sports Center
Post Office Box 332
Onamia, Minnesota 56359

RCRA-05-2013-0013

2. Article Description
(Transcribe full service description)

7009 1680 0000 7666 0891

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10/1/13*

D. Is delivery address different from item 1? Yes No

YES, enter delivery address below:
OK **OCT 21 2013** **BRK**
U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee) Yes