

**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: **REGION 5**

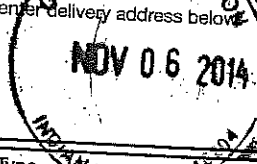
**Scott R. Alexander  
 Taft Stetinius & Hollister LLP  
 One Indiana Square, Suite 3500  
 Indianapolis, Indiana 46204-2023**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **Brenna** C. Date of Delivery **11-6-14**

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



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)

7011 1150 0000 2639 3090

PS Form 3811, February 2004

Domestic Return Receipt

UNITED STATES POSTAL SERVICE  
 IN 460  
 06 NOV '14



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

