

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:

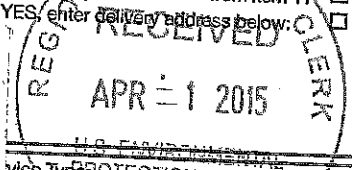
Mr. Charles M. Denton
 BARNES & THORNBURG LLP
 171 Monroe Avenue, NW - Suite 1000
 Grand Rapids, Michigan 49503-2694

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) *Rachelle E. Cox* C. Date of Delivery *3/30/15*

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



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

4. Restricted Delivery? (Extra Fee) Yes

EPCRA-05-2015-0010

2. Article Number (Transfer from service label) *7011 1150 0000 2640 7353*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

GRAND RAPIDS
 UNITED STATES POSTAL SERVICE
 MI 495
 30 MAR '15
 PM 6 L



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

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

[Barcode]
 LADAWN WHITEHEAD
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

