

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  James E. Meason, Esq. Attorney at Law 113 W. Main Street Rockton, IL 61072-2416  <i>CWA 05 2010 0008</i>	B. Received by (Printed Name) C. Date of Delivery <i>Judith L. Seal</i> <i>7/11/11</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item if YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; text-align: center;">             RECEIVED              JAN 27 2012           </div>
PS Form 3811, August 2001	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

UNITED STATES POSTAL SERVICE  
 ROCKFORD IL 61101  
 11 JUL 2011 PM 2:11  
 First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

Office of Administrative Law Judge  
 Honorable Barbara A. Gunning  
 1200 Pennsylvania Ave., NW  
 Mail Code 1900L  
 Washington, DC 20460

2011 JUL 18 AM 9:55

RECEIVED BY OALC

*Re: Allen Barry, et al*  
*CWA-05-2010-0008*  
*OSC - 7/6/11*

*SC*

2ACPRI-03-P-40

**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:

David A. Smith, Esq.  
 Smith Hahn Morrow & Floski, P.C.  
 129 South Fourth Street  
 P.O. Box 10  
 Oregon, IL 61061-0010

*CWA-05 2010 0008*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*J. Blafford*  Address

B. Received by (Printed Name) *J. Blafford* C. Date of Delivery *JAN 27 2012*

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

3. Service Type **USEPA REGION 5**  
 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 if)

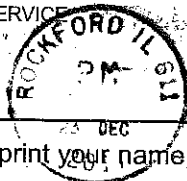
7005 0390 0002 5028 8863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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 •

Administrative Law Judge Barbara Gunning  
 OALJ, U.S. Environmental Protection Agency  
 1200 Pennsylvania Ave., N.W.  
 Mail Code 1900L  
 Washington, DC 20460

RECEIVED BY OALJ  
 2012 JAN -4  
 9:43

*EHD Allen Barry + Tina Barry, d/pt a  
 Barry Lovestock  
 CWA-05  
 Oulu*