

**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:

Michael Lappin  
 Vice President & General Counsel  
 Aurora Health Care  
 750 W. Virginia Street  
 Milwaukee, Wisconsin 53215

CAA 052012 0009

2. Article Number  
 (Transfer from service label)

7009 1680 0000 7673 9139

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Marshan Brown* B. Date of Delivery *2-7-12*

C. Signature *[Signature]* Agent Address

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

**RECEIVED**  
**FEB 09 2012**  
**REGIONAL HEARING CLERK**  
**USEPA**

3. Service Type **REGION 5**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1

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

