

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. William H. Heritage, Jr., Attorney
 Wheeler Upham, P.C.
 Second Floor Trust Building
 40 Pearl Street, N.W.
 Grand Rapids, Michigan 49503
EPCRA-05-2012-0010
CAA-05-2012-0012
MM-05-2012-0001

2. Article Number

(Transfer from service label)

7009 1680 0000 7635 0242

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Monica Selva*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED
3/13/12
MAR 13 2012

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

REGIONAL HEARING CLERK
USEPA
REGION 5

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes