

**R.E. CARROLL**  
**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. Addressee  
 Cressinda D. Schlag, Esq.  
 Burns White LLC  
 Four Northshore Center  
 106 Isabella Street  
 Pittsburgh, PA 15212  
 Counsel for R.E. Carroll, Inc.

**TSCA#02015-5008**  
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Jana Vank*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Jana Vank*

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) **7008 3230 0000 9457 2279**

RECEIVED  
 J.S.E.P.A.  
 NOV 16 PM 3:00  
 APPEALS BOARD