

UNITED STATES POSTAL SERVICE

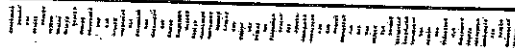


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

REGIONAL HEARING CLERK RECEIVED FEB 10 2014 U.S. ENVIRONMENTAL PROTECTION AGENCY REGIONAL HEARING CLERK

Regional Hearing Clerk (E-19J)
U.S. EPA
7 W. Jackson Blvd.
Chicago, Illinois 60604



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. Robert Jones III American Sales Corporation. 8410 W. 185th St. Tinley Park, Illinois 60487</p>	<p>REGIONAL HEARING CLERK RECEIVED FEB 10 2014 U.S. ENVIRONMENTAL PROTECTION AGENCY REGIONAL HEARING CLERK</p>
<p>7IFRA 05-2014-0006</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 1680 0000 7647 6140</p>