

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.

Thomas W. Daggett, Esquire
Daggett Law Firm
161 North Clark Street, Suite 4950
Chicago, Illinois 60601

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *2-15-11*

C. Signature *[Signature]* Agent Addressee

Address different from item 1? Yes No
 Delivery Address Below:

RECEIVED

FEB 16 2011

REGIONAL HEARING CLERK

USEPA

REGION 5

Express Mail Return Receipt for Merchandise

Insured Mail C.O.D.

Order # CWA-05-2011-0003

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7001 0320 0006 0188 0154

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424