

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:

Robert W. Dodd, Attorney
 Dodd Ludwig Maatuka, LLC
 303 South Mattis Avenue, Suite 201
 Champaign, Illinois 61821-3070

2. Article Number
 (Transfer from service label)

7001 0320 0006 0189 7497

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please, Print Clearly) *Connie Kelly* B. Date of Delivery *4-5*

C. Signature *X Connie Kelly* Agent Addressee

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

RECEIVED
 APR 19 2010

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

4. Restricted Delivery? (Extra Fee) Yes

REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

7001 0320 0006 0189 7497
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**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

CERCLA-05-2010-0003
 EPCRA-05-2010-0010

Postage \$ *1.39*
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$ *6.49*

0102
 2
 APR
 CHICAGO ILLINOIS

Robert W. Dodd, Attorney
 Dodd Ludwig Maatuka, LLC
 303 South Mattis Avenue, Suite 201
 Champaign, Illinois 61821-3070

*MM-05-2010-0004
 CERCLA-05-2010-0003
 EPCRA-05-2010-0010*