

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	M. HENRIE	9/7/11
	C. Signature	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	X M. Henrie	
1. Article Addressed to:	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mark R. Sargis, Esquire Bellande & Sargis Law Group, LLP 200 West Madison Street, Suite 2140 Chicago, Illinois 60606	Delivery address below	
<i>Answer</i> TSCA-05-2011-0011	<input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	RECEIVED SEP 12 2011 REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0006 0168 0048	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

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08 SEP 2011 PM 5 T		
• Sender: Please print your name, address, and ZIP Code in this box		
La Dawn Whitehead Regional Hearing Clerk (E-19J) U.S. EPA - Region 5 77 West Jackson Blvd Chicago, IL 60604		RECEIVED SEP 12 2011 REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY
<i>Answer: TSCA-05-2011-0011</i>		