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:

Mr. Robert Arntzen
Arntzen Corporation
1025 School St.
Rockford, Illinois 61101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tamara Arntzen ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tamara Arntzen C. Date of Delivery 11-19-12

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

RECEIVED
NOV 30 2012
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

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) 7009 1680 0000 7668 0660

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

EPCRA 05 2013 0005

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 •

La Dawn Whitehead
Regional Hearing Clerk (E-19J)
U.S. EPA - Region 5
77 West Jackson Blvd
Chicago, IL 60604

RECEIVED
USEPA REGION 5
NOV 30 2012
OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE