

**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. Peter Kelly  
Vedder Price P.C.  
220 North LaSalle Street  
Chicago, Illinois 60601

**EPCRA-05-2010-0006**

2. Article Number  
(Transfer from service label)

7001 0320 0006 0191 0868

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

12-3-09

C. Signature

X

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

- ☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

DEC 07 2009

**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

Domestic Return Receipt

102595-01-M-1424