

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.

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 100 Park Avenue
 Rockford, IL 61105-1389

EPCRA-05-2011-0002

2. Article Number
 (Transfer from service label)

7001 0320 0006 0188 0192

PS Form 3811, March 2001

Domestic Return Receipt
Respondent's Status Report

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 1-11-11

C. Signature
[Signature]

RECEIVED
JAN 13 2011

REGIONAL HEARING CLERK
USEPA

REGION 5

- Agent
- Addressee
- Yes
- No
- Express Mail
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-01-M-1424