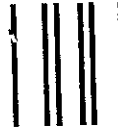


UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

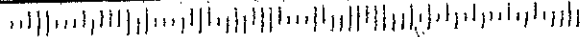
• Sender: Please print your name, address, and ZIP+4 in this box •

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

RECEIVED

MAR 27 2013

REGIONAL HEARING CLERK
USEPA
REGION 5



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.

John A. Decker, Attorney at Law
Braun Kendrick
4301 Fashion Square Blvd
Saginaw, MI 48603-5218

Copy of American AFRA 05 2012 0022

2. Article Number
(Transfer from service label)

7009 1680 0000 7664 7540

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

X

Addressee

B. Received by (Printed Name)

C. Date of Delivery

J. DiMercurio
I DiMercurio

Is this different from item 1? Yes

Delivery address is: No

RECEIVED
MAR 27 2013

REGIONAL HEARING CLERK

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes