

UNITED STATES POSTAL SERVICE

SPRINGFIELD, IL 625

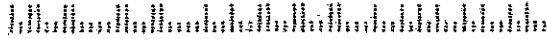


First-Class Mail
Postage & Fees Paid
USPS
Permit No. 6250

10 SEP 2012 PM 2 T

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

Regional Hearing Clerk (E-19J)
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 60604



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:

Marshall McGowan
3015 Leach Avenue
Rochester, Illinois 62563

TSCA-05-2012-0020

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. McGowan*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/10/12

D. Is delivery address different from item 1? Yes
Yes, enter delivery address below. No

DELIVERED

SEP 12 2012

REGIONAL HEARING CLERK

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail G.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 1680 0000 7673 3519