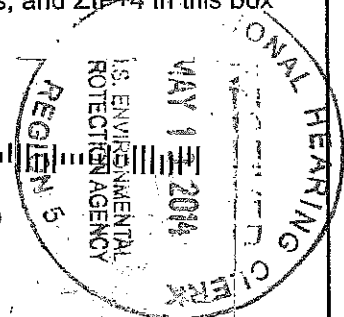




First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

LADAWN WHITEHEAD  
REGIONAL HEARING CLERK (E-19J)  
U.S. EPA - REGION 5  
77 WEST JACKSON BLVD  
CHICAGO, IL 60604



05/05

**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. Chris Bell  
Greenberg Traurig, LLP  
1000 Louisiana Street, Suite 1700  
Houston, TX 77002

TSCA-05-2014-0008

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

B. Received by (Printed Name)

WILL

Agent  
 Addressee  
 Date of Delivery

D. Is delivery address different from item 12?  Yes  
If YES, enter delivery address below  No

*Will*  
REGION 5

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

7009 1680 0000 7663 8074

Domestic Return Receipt