


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery 5-9-11</p>
<p>1. Article Addressed to:</p> <p>Mr. Stanley H. Abramson Arent Fox LLP 1050 Connecticut Avenue, NW Washington, D.C. 20036</p>	<p>C. Signature X <i>W. J. ...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED MAY 12 2011 REGIONAL HEARING CLERK</p>
<p><i>LIRA-05-2011-0011</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p style="text-align: center;">USEPA REGION 5</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7001 0320 0005 8933 0641</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	

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.

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

