

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 mail piece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>Region 11-2-09</i></p> <p>B. Date of Delivery <i>11-2-09</i></p> <p>C. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>REGIONAL HEARING CLERK USEPA REGION 5</p> <p>Stuart M. Sheldon STONE POGRUND & KOREY LLC Attorney for Respondent 1 East Wacker Driver, Suite 2610 Chicago, Illinois 60601</p>	<p>NOV 05 2009</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Enter delivery address below:)</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0006 0188 0840</p> <p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p> <p><i>ANSWER 4 RCRA-05-2007-0026</i></p>	

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La Dawn Whitehead
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