

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) <b>M. GONZALEZ</b></p> <p>B. Date of Delivery <b>6/18/09</b></p>	
<p>1. Article Addressed to:</p> <p><i>Richard R. Elledge, Esquire Gould &amp; Ratner LLP 222 North LaSalle Street Suite 800 Chicago, IL 60601 (CWA-05-2009-0006)</i></p>		<p>C. Signature <b>M. GONZALEZ</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><b>JUN 22 2009</b></p> <p><b>REGIONAL HEARING CLERK USEPA</b></p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7001 0320 0006 0188 0994</b></p>		<p>3. Service Type <b>REGION 5</b></p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, March 2001</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p> <p>102595-01-M-1424</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p>Postage <b>1.05</b></p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees</p>	<p><b>RECEIVED</b></p> <p><b>JUN 17 2009</b></p> <p><b>REGIONAL HEARING CLERK USEPA REGION 5</b></p> <p>Postmark Here <b>Whitehead E-19J</b></p>
<p>Sent To <b>Richard R. Elledge, Esq.</b></p> <p>Street, Apt. No., or PO Box No. <b>222 North LaSalle Street</b></p> <p>City, State, ZIP+4 <b>Chicago, IL 60601</b></p>	
<p>7001 0320 0006 0188 0994</p> <p>PS Form 3800, January 2001</p>	<p>See Reverse for Instructions</p>