

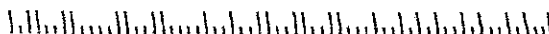
UNITED STATES POSTAL SERVICE



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

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

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



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. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly) <i>M. MATHIE</i></td> <td>B. Date of Delivery <i>10-9-12</i></td> </tr> <tr> <td>C. Signature <i>M. Mathie</i></td> <td><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If Yes, enter delivery address below:</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) <i>M. MATHIE</i>	B. Date of Delivery <i>10-9-12</i>	C. Signature <i>M. Mathie</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If Yes, enter delivery address below:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<p>1. Article Addressed to:</p> <p>Mr. Michael Mathie Mathie Energy Supply Company, Inc. 7840 South Gale Road Morrice, Michigan 48857</p>	<p>RECEIVED</p> <p>OCT 10 2012</p> <p>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input checked="" 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>7004 2510 0001 9615 4618</p>								