

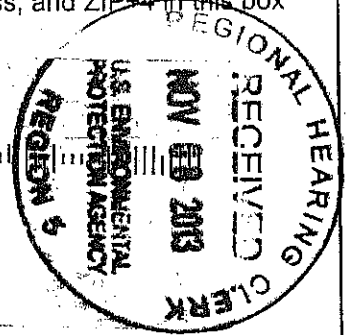
UNITED STATES POSTAL SERVICE



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

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

LaDawn Whitehead
U.S. EPA - REGION 5 (E-19J)
77 WEST JACKSON BLVD
CHICAGO, IL 60604



94360999

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. Signature <i>Lahle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>11-4-13</i>
<p>Thomas D. Jensen Lind, Jensen, Sullivan & Peterson 901 Marquette Avenue South, Suite 1300 Minneapolis, Minnesota 55402</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p><i>EPCRA-05-2013-0025</i></p>	<p>U.S. ENVIRONMENTAL PROTECTION AGENCY <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>
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	<p><i>7009 1680 0000 7663 9682</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540