

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Ms. Angela David-Garlick
 Evans Law Firm, P.C.
 817 West U.S. Highway 50
 O'fallon, Illinois 62269

2. Article Number
 (Transfer from service label)

7009 1680 0000 7665 9161

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) MaKenzie B. Date of Delivery 9/19/11

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

SEP 19 2011

**REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

RECEIVED
 SEP 19 2011
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL PROTECTION AGENCY

