

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>RECEIVED</b></p> <p>B. Date of Delivery <b>MAR 13 2009</b></p>	
<p>1. Article Addressed to:</p> <p><b>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> <p>Mr. Dorval Carter, Acting President Chicago Transit Authority 567 West Lake Avenue Chicago, Illinois 60661</p> <p><i>RCRA-05-2009-0008</i></p>		<p>C. Signature <b>X</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>CTA MAIL ROOM</b> <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7001 0320 0006 1448 7364</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" 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>	

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<p>1. Article Addressed to:</p> <p><b>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> <p>Mr. Ronald Coupet Designated EHS Contact Chicago Transit Authority 567 West Lake Avenue Chicago, Illinois 60661</p> <p><i>RCRA-05-2009-0008</i></p>		<p>C. Signature <b>X</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>CTA MAIL ROOM</b> <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7001 0320 0006 1448 7340</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" 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>	