

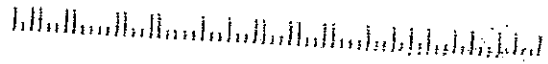
UNITED STATES POSTAL SERVICE



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 - Region 5
77 West Jackson Blvd
Chicago, IL 60604



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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *1/31/04*

C. Signature *[Signature]* Agent
 Addressee
 Address different from item 1? Yes
 delivery address below: No

Mr. Lester Sykes
200 East 96th Street
Chicago, IL 60628

RECEIVED
FEB 05 2013

Notice of Clarification
TSCA 05 2008 0013

Registered Mail Express Mail
 Insured Mail Return Receipt for Merchandise
 C.O.D.
 REGIONAL HEARING CLERK
 USEPA
 REGION 5
 4. Restricted Delivery (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7001 0320 0006 1455 6251