

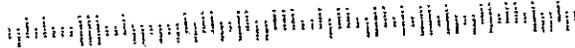
UNITED STATES POSTAL SERVICE



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 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:

Joseph Zdrilich  
8599 Youngstown Pittsburgh Road  
Poland, Ohio 44514

CWA - 05-2013-0003

2. Article Number

(Transfer from service label)

7001 0320 0006 1455 6268

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1? Yes  
If Yes, enter delivery address below: No

REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY

Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-142