

SEND TO: LADAWN WHITEHEAD

COMPLETE THIS SECTION ON DELIVERY


- 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.

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed name): *[Signature]* C. Date of Delivery: *1/6/17*

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

1. Article Addressed to:


 Michael T. Scanlon
 Barnes & Thornburg, LLP for
 United Transportation Group, Inc.
 11 South Meridian Street
 Indianapolis, Indiana 46204-3535

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail GDS

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from services label)

CW105 2517 0001 (02)
7011 1152 0000 2640 7018

PS Form 3811, February 2004

Domestic Return Receipt


102595-02-10-15

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
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

