


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:


 Susan M. Franzetti
 Nijman - Franzetti LLP
 10 South LaSalle Street, Ste 3600
 Chicago, Illinois 60603

EPCRA-05-2015-0023

CAFD

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 4925

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

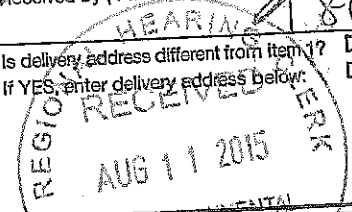
B. Received by (Printed Name)

C. Date of Delivery

8/6/15

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes
 No



3. Service Type

- Certified Mail
- Registered Mail
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE


07 AUG 15

PM 51



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
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590

