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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Received by (Please Print Clearly)  B. Date of Deliving Co. Signature  X D F Agent.  Address
Article Addressed to:	D. Is Palvery address different from Item 17 Pyes enter delivery address below: PNo
Alan M. Didesch, General Counsel Was Property Management, LLC	REGIONAL HEARING CLERK
107 Green Bay Road Wilmette, Illinois 60091-3303	3. Service Type REGION 5  Certified Mail  Express Mail
TSCA-05-2011-0020	☐ Registered ☐ Return Receipt for Merchandis☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7009 1	-80 0000 7666 0969
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1
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United States Postal Service     Sender: Please print your name, add	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
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Regional Hearing U.S. EPA (E-19) 77 w. Jackson BI Chicago, IL 6060	vd. FEB 16 2012
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