

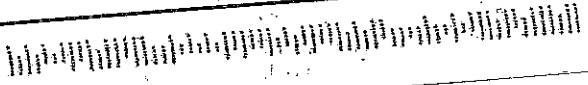
UNITED STATES POSTAL SERVICE

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First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ATTN: Ladawn Whitehead
U.S. Environmental Protection Agency
Air and Radiation Division (E-19J)
77 West Jackson Blvd.
Chicago, Illinois 60604

REGIONAL HEARING CLERK
RECEIVED
MAR 11 2014
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>L. P. Pignatelli</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. MacKinnon</i></p> <p>G. Date of Delivery <i>MAR 11 2014</i></p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Douglas Graf Perlick Corporation 8300 W. Good Hope Road Milwaukee, Wisconsin 532223</p> </div> | <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7009 1680 0000 7670 0436</p> | |