

**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:

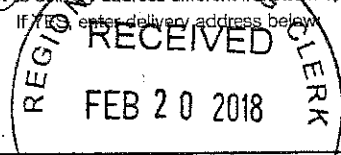
Mr. Samuel R. Martillotta  
 Mansour Gavin, LPA  
 1001 Lakeside Avenue Suite 1400  
 Cleveland, OH 44114

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery

*LADAWN WHITEHEAD* *2/19/18*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below  No



3. Service  U.S. ENVIRONMENTAL PROTECTION AGENCY  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

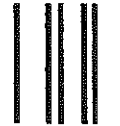
7009 1680 0000 7662 7191

PS Form 3811, July 2013

Domestic Return Receipt

CLEVELAND  
 UNITED STATES POSTAL SERVICE

12 FEB '18  
 PM 7 L



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

