



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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 5-25-11
1. Article Addressed to:	C. Signature X Elizabeth Photo	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
Michael Schmidt, Esq. Krieg DeVault LLP 4101 Edison Lakes Parkway, Suite 100 Mishawaka, Indiana 46545-3441	D. Is delivery address different from item 1? # YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED MAY 31 2011	
CAA-05-2010-0058 Answer 2 Amended Complaint	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. REGIONAL HEARING CLERK ENVIRONMENTAL PROTECTION AGENCY	
2. Article Number (transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0006 0187 9783		
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424