

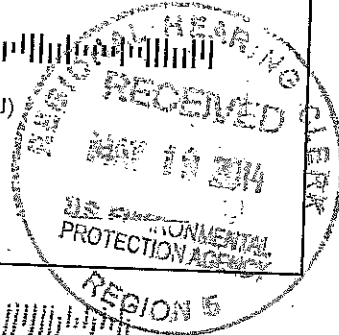
UNITED STATES POSTAL SERVICE



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 (E-19J)  
U.S. EPA - REGION 5  
77 WEST JACKSON BLVD  
CHICAGO, IL 60604



**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.

Mr. Gregory P. Cafouras  
Kroger, Gardis & Regas, LLP  
111 Monument Circle  
Indianapolis, Indiana 46204-5125

**RCRA-05-2014-0007**

2. Article Number  
(Transfer from service label)

7009 1680 0000 7669 2472

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
RICK BECHTOLD  Agent  
 Addressee

Delivery address different from item 1?  Yes  
Delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes