

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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

C. Signature

X

[Handwritten Signature]

- Agent
- Addressee

D. Is delivery address different from item 1? Yes No

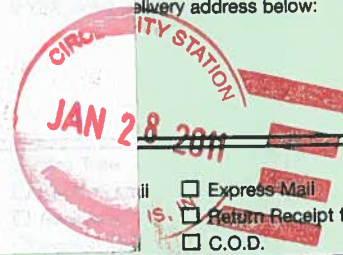
Delivery address below:

1.

REGIONAL HEARING CLERK

USEPA

Michael T. Scarborough Esquire
Barnes & Thornburg LLP
Counsel for Heritage-WTI, Inc.
11 South Meridian Street
Indianapolis, Indiana 46204-3535



CAA-05-2011-0012 ANSWER

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0006 0188 0178