

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.

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
X/Herb Berr Addressee

D. Is delivery address different from item 1? Yes
If YES, give delivery address below: No

Article Addressed to:
Meagan L. DeJohn, Attorney at Law
BROUSE McDOWELL
600 Superior Avenue East, Suite 1600
Cleveland, Ohio 44114-2603

*Copy of Answer for
RCA-05-2011-0009*

RECEIVED
AUG 02 2011
 Certified Mail Express Mail
 Registered Mail Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery Extra Fee Yes
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

2. Article Number
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-

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 •

La Dawn Whitehead
Regional Hearing Clerk (E-19)
U.S. EPA - Region 5
77 West Jackson Blvd
Chicago, Illinois 60604

RECEIVED
AUG 02 2011
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

