


**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.

1.



Michael E. Born, Esq.  
 Shumaker, Loop & Kendrick, LLP  
 Huntington Center  
 41 South High Street, Suite 2400  
 Columbus, Ohio 43215

**CAA-05-2016-0040**

2. Article Number  
 (Transfer from service label) **7011 1150 0000 2640 6882**

A. Signature  
 X *Michael E. Born*  Agent  
 Addressee

B. Received by (Printed Name) *Michael E. Born* C. Date of Delivery *9/19/16*

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

**SEP 21 2016**  
 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 REGIONAL HEARING CLERK

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.


4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE  
 OH 430  
 19 SEP '16



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

**SEP 21 2016**  
 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 REGIONAL HEARING CLERK

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