

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Art Galt</i> <input type="checkbox"/> Address</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <i>Charles Galt</i> C. Date of Delivery</p>
<p>Mr. Mike Drysdale Dorsey &amp; Whitney LLP 50 South Sixth Street, Suite 1500 Minneapolis, Minnesota 55402</p> <p><i>EPCRA 05 2012 0009</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b> FEB 22 2012</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7672 0991</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

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 •

Regional Hearing Clerk (E-191)  
U.S. EPA  
77 W. Jackson Blvd.  
Chicago IL 60604

**RECEIVED**  
FEB 22 2012  
REGIONAL HEARING CLERK  
USEPA  
REGION 5