

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. Signature Agent
 P. Murphy Address

B. Received by (Printed Name) _____ C. Date of Delivery *7/20/17*

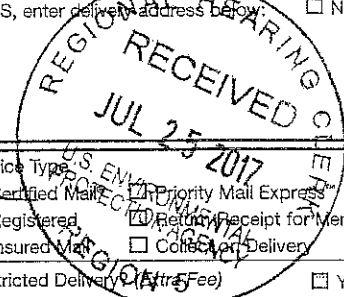
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

Mr. Kevin Dunleavy
 Chief Counsel
 Sunoco, Inc.
 3801 West Chester Pike
 Newtown Square, Pennsylvania 19073

Service Type: Certified Mail Priority Mail Express
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery (Extra Fee) Yes



SDWA 05 2017 0001

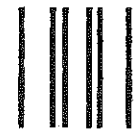
2. Article Number

(Transfer from service label) *70161370 0001 5720 3074*

PS Form 3811, July 2013

Domestic Return Receipt

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
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

SDWA-05-2017-0001 |||