

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 mail piece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <b>A. RYCRAFT</b> Date of Delivery
1. Article Addressed to:	C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Roy M. Harsch Drinker Biddle & Reath LLP 191 North Wacker Drive, Suite 3700 Chicago, IL 60606-1698	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below:
2. Article Number (Transfer from service label)	Service type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7001 0320 0006 0296 3238	
Domestic Return Receipt <span style="float: right;">102595-01-M-1424</span>	

RECEIVED

OCT 05 2010

REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY

OCT - 1 PAID

Postmark Here  
SEP 29 2010  
CHICAGO STATION

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage & Fees \$ \_\_\_\_\_

Roy M. Harsch  
 Drinker Biddle & Reath LLP  
 191 North Wacker Drive, Suite 3700  
 Chicago, IL 60606-1698

See Instructions

0006

CERCLA - 05 - 2010 - 0006  
 MM - 05 - 2010 - 0014  
 EPCRA - 05 - 2010 - 0014