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.

Donald Bennett
Vice President
Bennett Quality Homes, Inc.
27899 Clemens Road
Westlake, OH 44145-1141

CWA-05-2017-0010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Donald Bennett ☐ Agent ☐ Addres

B. Received by (Printed Name) C. Date of Deliv

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

REGIONAL HEARING CLERK
RECEIVED
AUG 11 2017
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchanc
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7009 1680 0000 7662 6880

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE
OH 440
07 AUG '17
PM 3 L

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

REGIONAL HEARING CLERK
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