

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.

Scott D. Hubbard, Esquire
 Warner Norcross & Judd LLP
 Attorneys At Law
 900 Fifth Third Center
 111 Lyon Street, N.W.
 Grand Rapids, Michigan 49503-2487

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Randy Hughey** B. Date of Delivery **4-2-11**

C. Signature *Randy Hughey*

X Addressee Agent

Addressed to addressee different from item 1? Yes No

RECEIVED
APR - 8 2011
REGIONAL HEARING CLERK
USEPA REGION 5



Insured Mail Express Mail Return Receipt for Merchandise C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Answer for EPCRA-05-2011-0012

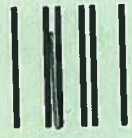
2. Article Number (Transfer from service label) **7001 0320 0006 0188 0123**

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-11-1424

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 •

RECEIVED
USEPA REGION 5
APR - 8 2011
OFFICE OF ENFORCEMENT & COMPLIANCE ARGUANO

RECEIVED
APR 20 2011
REGIONAL HEARING CLERK

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Regional Hearing Clerk (E-19)
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Chicago, IL 60604

