

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> EnerVest Operating 300 Capitol Street <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Print Name) Charleston, WV 25301</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <u>SDWA 05 2019 0023</u></p> <p>Amber N. Hodgdon Assistant General Counsel Ener Vest, Ltd 300 Capitol Street, Suite 200 Charleston, WV 25301</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>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (transfer from service label) <u>7019 1450 0001 3748 1182</u></p>	<p>PS Form 3811, July 2013 Domestic Return Receipt</p>

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CHICAGO, IL 60604

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5