

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.

1. Article Addressed to:

Mr. Michael R. Wagner
 101 Joan Drive
 Middlebury, IN 46540

EPCRA-05-2009-0032

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Heather Miller* B. Date of Delivery *9/25/09*

C. Signature *[Signature]* **RECEIVED**
 Agent
 Addressee

D. Is delivery address different from item 1?
 If YES, enter delivery address below:
SEP 28 2009
 Yes
 No

**REGIONAL HEARING CLERK
 USEPA
 REGION 5**

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7001 0320 0006 0189 9163