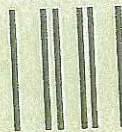


UNITED STATES POSTAL SERVICE

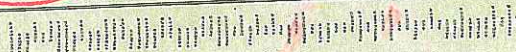
NO 630
15 JAN '15



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Regional Hearing Clerk (E-19J)
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 60604



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:

Ms. Nikki Riley
Southern FS, Inc.
2002 East Main St.
Marion, Illinois 62959

EPA-05-2015-0018

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8173

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Bree Cox

C. Date of Delivery

1/15/15

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



102595-02-M-1540