

**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:

**Thomas J. McClure, Attorney  
McCLURE LAW OFFICES  
15 Crossroads Court  
Delafield, WI 53018-2035**

TSCA 05 2010 0014 *Healy HR*

2. Article Number  
(Transfer from service label)

7001 0320 0006 0187 9950

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Thomas J. McClure 5/3/12

C. Signature  Agent  Address

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

MAY 07 2012

REGIONAL HEARING CLERK

U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1

UNITED STATES POSTAL SERVICE



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

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

**La Dawn Whitehead  
Regional Hearing Clerk (E-19)  
U.S. EPA - Region 5  
77 West Jackson Blvd  
Chicago, Illinois 60604**

RECEIVED  
MAY 07 2012  
REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL PROTECTION AGENCY

