

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. David Seifert
 U-Line Corporation
 88900 North 55th ST.
 Milwaukee, Wisconsin 53323

2. Article Number
 (Transfer from service label)

7009 1680 0000 7644 8550

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-142

COMPLETE THIS SECTION ON DELIVERY

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

Amanda Brasted

11-28

C. Signature

X *[Signature]* **REGIONAL HEARING CLERK U.S. EPA REGION 5**

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

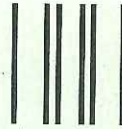
2011 NOV 30 PM 1:13

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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 •

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

REGIONAL HEARING CLERK U.S. EPA REGION 5
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