

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, Illinois 60604

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Debbie Duckman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Debbie Duckman</i> C. Date of Delivery <i>9/17/12</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Clinton T. Anderson CTA Properties 333 North Randall Road St. Charles, Illinois 60174</p>	<p>D. Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below</p> <p>SEP 17 2012</p> <p>REGIONAL HEARING CLERK</p> <p>3. Service type <input checked="" type="checkbox"/> ENVIRONMENTAL PROTECTION AGENCY <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <i>TSCA-05-2012-0018</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 1680 0000 7667 8780</p>