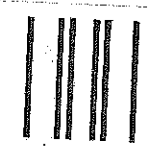

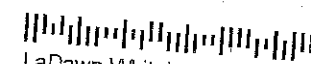
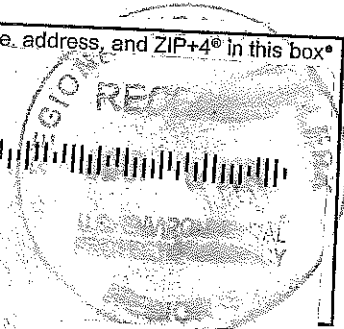


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery
1. Article Addressed to: FIFRA-05-2020-0023 Mr. Dan Goodrow EHS Manager Bleach Tech, LLC. 350 Ryan Road Seville, OH 44273	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
 9590 9402 4873 9032 5309 78 2. Article Number (Transfer from service label) 7018 3090 0002 2526 8133	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <small>(over word)</small>
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

USPS TRACKING#		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
	9590 9402 4873 9032 5309 78	FIFRA-05-2020-0023
United States Postal Service	<p style="text-align: center;">* Sender: Please print your name, address, and ZIP+4® in this box *</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="860 1585 1169 1774">  LaDawn Whitehead (EC-19J) Regional Hearing Clerk U. S. EPA - Region 5 77 West Jackson Boulevard Chicago, IL 60604-3590 </div> <div data-bbox="1169 1480 1510 1806" style="text-align: center;">  </div> </div>	