

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>[Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cecilia Arrol</i></p> <p>C. Date of Delivery <i>08/29/16</i></p>
<p>1. /</p> <p>Mr. Sanjeev Bagaria GDB International, Inc. One Home New Row New Brunswick, NJ 08901</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.</p>
<p>RCRA-05-2016-0015 (CAF)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7647 3194</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

UNITED STATES POSTAL SERVICE

RECEIVED CLERK  
SEP 13 2016  
REGIONAL HEARING CLERK

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

LADAWN WHITEHEAD  
REGIONAL HEARING CLERK  
U.S. EPA - REGION 5 - E19J  
77 WEST JACKSON BLVD  
CHICAGO, IL 60604

REGREIVED  
REGION 5  
SEP 02 2016  
OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE

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

RCRA-05-2016-0015 (CAF)