


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. 
 Mr. Frank Jalili
 President
 Chromium Corporation
 8701 Union Avenue
 Cleveland, Ohio 44105

RCRA-05-2016-0004 *CAFO*

2. Article Number
 (Transfer from service label)

7009 1680 0000 7677 9463

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X L. Angelini Agent Address

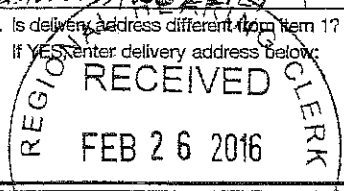
B. Received by (Printed Name)
Laura Angelini

C. Date of Delivery
2/19

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

3. Service Type: **U.S. ENVIRONMENTAL PROTECTION AGENCY**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail I.C.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



LaDawn Whitehead
 Regional Hearing Clerk
 U.S. EPA - Region 5
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590

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