

POSTAGE WILL BE PAID BY ADDRESSEE

POSTAGE WILL BE PAID BY ADDRESSEE

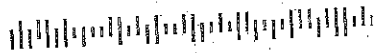
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent
 Addressee

B. Received By (Printed Name) C. Date of Delivery
 H-26-17

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

1. Article Addressed to:



Mr. Anthony Sloma
 Sr. Manager Environmental Compliance
 The Anderson Inc.
 PO Box 119
 480 W. Dussel Drive
 Maumee, OH 43537

CAA-05-2017-0021

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 1680 0000 7649 3873

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-16

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
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

RECEIVED CLEAR
 2017
 CHICAGO, ILLINOIS
 60604

CAA-05-2017-0021