

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 <i>x [Signature]</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>Joseph Dowd, Vice President North American Carbon Materials and Chemicals Koppers, Inc. 436 Seventh Avenue Pittsburgh, PA 15219</p>	<p>B. Received by (Printed Name) <i>LaDawn Whitehead</i></p>	<p>C. Date of Delivery <i>1/14/16</i></p>
<p>PS Form 3811, February 2004</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>U.S. ENVIRONMENTAL PROTECTION AGENCY JAN 14 2016 PERK</p> <p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>CWA-05-2016-0003 <i>CAFO</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<p><i>7011 1150 0000 2640 6453</i></p>	

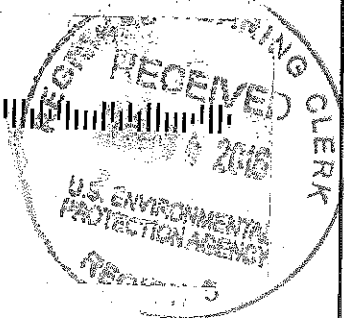
UNITED STATES POSTAL SERVICE



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



CWA-05-2016-0003