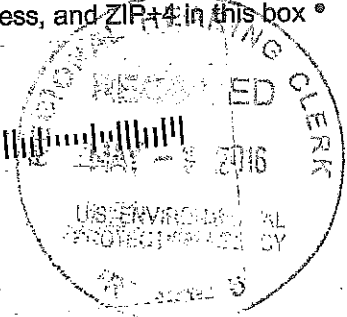


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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



CAF

MM-05-2016-0004

CERCLA-05-2016-0006 EPCRA-05-2016-0013

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. Article Addressed to: CERCLA-05-2016-0006

Mr. Chuck Shasho
Deputy Director of Public Works
City of Youngstown
26 South Phelps Street
Youngstown, Ohio 44503

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address

B. Received by (Printed Name)
 C. Date of Delivery 5-2-16

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



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

MM-05-2016-0004 EPCRA-05-2016-0013 Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 1150 0000 2640 7070