

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:

**Mr. David Morgan
DEM Technology
755 Albany St.
Dayton, Ohio 45417**

E1FRA-05-2015-0043

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8562

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Address

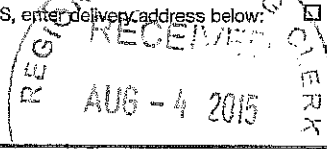
B. Received by (Printed Name)

Evan Moore

C. Date of Delivery

7/27

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



3. Service Type:

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- G.O.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 •

Regional Hearing Clerk (E-19J)
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 60604

