


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:


 Michael Reitermann, President
 Siemens Health Diagnostics Inc.
 511 Benedict Avenue
 Tarrytown, New York 10591

CAA-05-2015-0056

ESA

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 4826

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Reitermann

- Agent
- Addressee

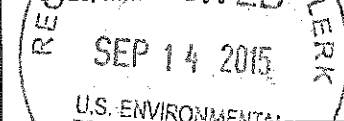
B. Received by (Printed Name)

M. Reitermann

C. Date of Delivery

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.

4. Restricted Delivery? (Extra Fee)


- Yes

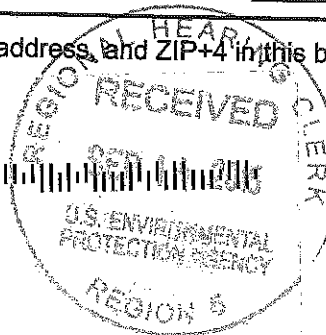
UNITED STATES POSTAL SERVICE



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



CAA-05-2015-0056

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