

**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. & Mrs. Bowman  
 TLC of Rockford  
 5150 Gas Lite Court  
 Rockford, Illinois 61111

**TSCA-05-2016-0005**

2. Article Number  
(Transfer from service label)

7014 2870 0001 9578 3273

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *John Bowman*  Address

B. Received by (Printed Name) C. Date of Delivery  
 JOHN BOWMAN HEARD FEB 17 2016

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

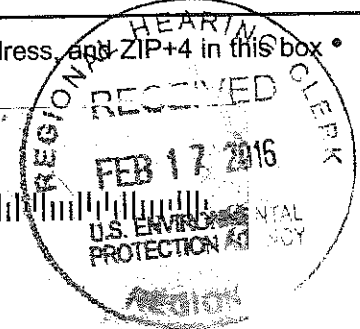
UNITED STATES POSTAL SERVICE



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



**TSCA-05-2016-0005**