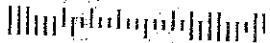


SENDER: COMPLETE THIS SECTION

- 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:


 Debra S. Storrs
 Health and Safety Director
 Perfection Finishers, Inc.
 1151 N. Ottokee Street
 Wauseon, Ohio, 43567

RCRA-05-2016-0003

2. Article Number
(Transfer from service label)

7009 1680 0000 7648 6958

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sue Krueger* Agent Address

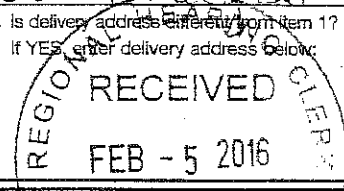
B. Received by (Printed Name)
Sue Krueger

C. Date of Delivery
 FEB - 5 2016

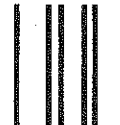
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail COD

4. Restricted Delivery? (Extra Fee) Yes

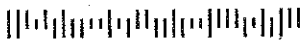


UNITED STATES POSTAL SERVICE



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



RCRA-05-2016-0003