

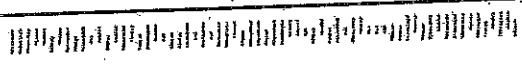
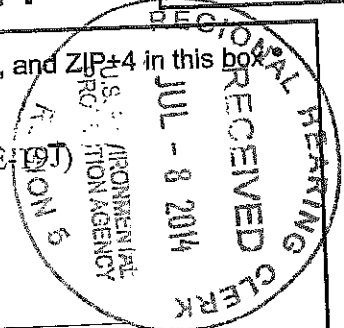
UNITED STATES POSTAL SERVICE  
 PERMIT NO. 455  
 JUL 8 2014



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-19)  
 U.S. EPA  
 77 W. Jackson Blvd.  
 Chicago IL 60604



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>Mr. Joseph Fehler          Midwest Training Services LLC          16850 120<sup>th</sup> Avenue #B          Nunica, Michigan 49448</p> <p><b>TSCA-05-2014-0013</b></p>	<p>C. Date of Delivery: 7/3/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>RECEIVED JUL - 8 2014 U.S. ENVIRONMENTAL PROTECTION AGENCY</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Domestic Return Receipt</p>	<p>7009 1680 0000 7649 6735</p>