

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 this card to you.
- Attach this card to the back of the mailpiece.

RECIPIENT COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

- Is delivery address different from item 1?  Yes
- Enter delivery address below:  No

Frank Monteiro, Chief Operating Officer  
 Enthone, Inc.  
 9809 Industrial Drive  
 Bridgeview, Illinois 60455



- Service Type  Registered Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

CAA-05-2017-0019

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label)

7009 1680 0000 7647 3798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

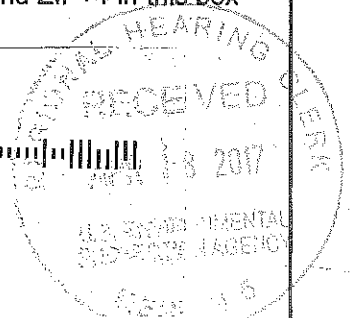
UNITED STATES POSTAL SERVICE



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  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604



CAA-05-2017-0019