
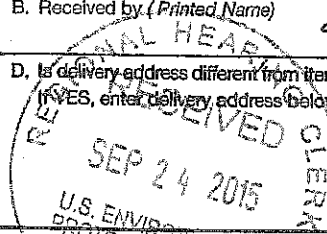



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>	
<p>1. Article Addressed to:</p>  <p>Joyce Zane, Human Resource Manager  Chandler Industries, Inc.  Stremel Manufacturing Division  260 Plymouth Avenue North  Minneapolis, Minnesota 55411</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery  <i>9/21/15</i></p>
<p>2. Article Number  (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  (YES, enter delivery address below: <input type="checkbox"/> No)</p> 	
<p>EPCRA-05-2015-0026 <i>ESA</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input 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>7011150 0000 2640 4857</p>	

PS Form 3811, February 2004

Domestic Return Receipt


102595-02-M-1540

MINNEAPOLIS  
UNITED STATES POSTAL SERVICE  
MN 554  
21 SEP '15  
PM 7 L

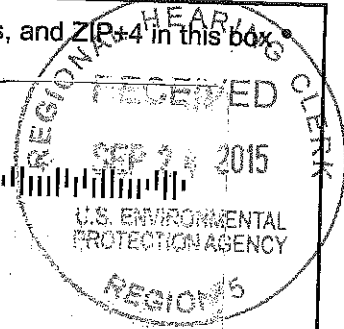


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• 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



EPCRA-05-2015-0026
*ESA*