

SENDER: COMPLETE THIS SECTION


COMPLETE THIS SECTION ON DELIVERY

- 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.

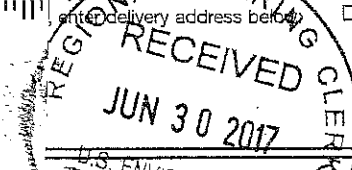
A. Signature Agent
 Address

B. Received by (Printed Name) C. Date of Delivery

Jim Oselka 6/25/17

1. 
 Mr. James Oselka
 Manager
 Oselka's Snug Harbor Marina
 514 West Water Street
 New Buffalo, Michigan 49117-1908

Delivery address different from item 1? Yes
 No



EPCRA-05-2017-0022

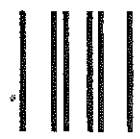
Registered Mail Priority Mail Express™
 Insured Mail Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8922 0089**


PS Form 3811, July 2013 Domestic Return Receipt

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 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

RECEIVED
 USEPA REGION 5
 JUN 30 2017
 OFFICE OF ENFORCEMENT &
 COMPLIANCE ASSURANCE

EPCRA-05-2017-0022