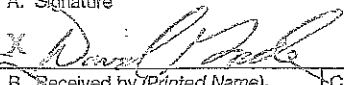

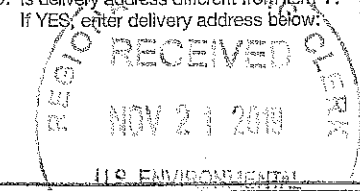


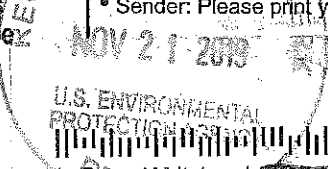



SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) Dawn Whitehead C. Date of Delivery 11-6-19
1. Article Addressed to: CAA 05 2019 0031 (OCJM2FCP4CAF0) Dominic Bosi, Senior EHS Manager Avery Dennison Corporation 250 Chester Street Painesville, OH 44077  9590 9402 4873 9032 5305 27	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label)	PS Form 3811, July 2015 PSN 7530-02-000-9053

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United States Postal Service  U.S. ENVIRONMENTAL PROTECTION AGENCY LaDawn Whitehead Regional Hearing Clerk U. S. EPA - Region 5 77 West Jackson Boulevard Chicago, IL 60604-3590	* Sender: Please print your name, address, and ZIP+4® in this box*  EC-193