

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to: CAA-05-2019-0031

Dominic Bosi
 Senior EHS Manager
 Avery Dennison Corporation
 250 Chester Street
 Painesville, OH 44077



9590 9402 4873 9032 5305 65

2. Article Number (Transfer from service label)

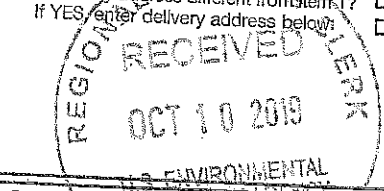
7018 3090 0002 2526 7518

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dawn Whitehead Agent Address
 B. Received by (Printed Name) *Dawn Whitehead* C. Date of Delivery *9-25-15*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type PROTECTION ASSISTANCE
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



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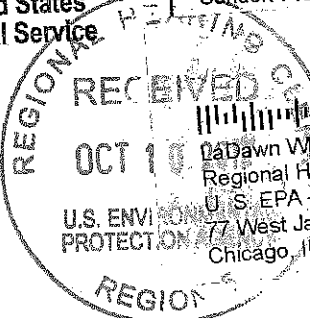


First-Class Mail
 Postage & Fees Paid
 USPS
 Perm. No. G-10

CAA-05-2019-0031

United States Postal Service

Sender: Please print your name, address, and ZIP+4® in this box.



Dawn Whitehead
 Regional Hearing Clerk
 U.S. EPA - Region 5
 77 West Jackson Boulevard
 Chicago, IL 60604-3590

EC-195