

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 the card to you.
- Attach this card to the back of the mailpiece, *on the front if space permits*.

Gregory S. Rajek
 Merrill Iron & Steel
 900 Alderson Street
 Schofield, Wisconsin 54476-0110

RCRA-05-2016-0020 *ESA*

2. Article Number
 (Transfer from service label)

7009 1680 0000 7647 3453

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-14

COMPLETE THIS SECTION ON DELIVERY

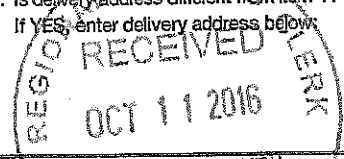
A. Signature
 X *J. Kureck* Agent Address

B. Received by (Printed Name) *J. Kureck* C. Date of Delivery *10-3-1*

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

3. Service Type: ENVIRONMENTAL PROTECTION AGENCY
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail G.O.D.

4. Restricted Delivery? (Extra Fee) Yes



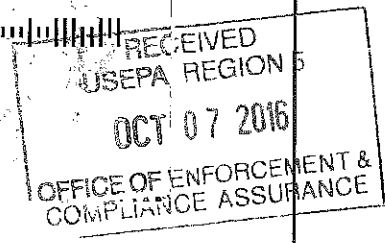
GREEN BAY
 UNITED STATES POSTAL SERVICE
 WI 549
 03 OCT '16
 PM 2 L



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 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



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