

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, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address
 B. Received by (Printed Name) Date of Delivery
 Sandy Bleh

Is delivery address different from item 1? Yes
 If so, enter delivery address below: No

Mr. Thomas Sedler
 Registered Agent for The Home City Ice Company
 5709 Harrison Avenue
 Cincinnati, Ohio 45248

Service Type U.S. ENVIRONMENTAL PROTECTION AGENCY
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

EPCRA-05-2016-0009

2. Article Number
 (Transfer from service label)

7011 1150 0000 2640 6547

PS Form 3811, February 2004

Domestic Return Receipt

102555-02-M-15

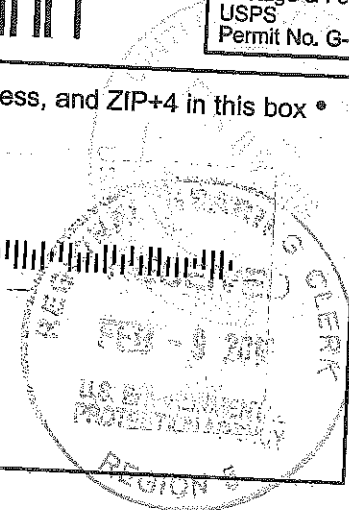
UNITED STATES POSTAL SERVICE



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
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590



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