

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Mr. Scott Hendryx Operations Manager Sun Chemical Corporation 4925 Evanston Avenue Muskegon, Michigan 49442	B. Received by (Printed Name) C. Date of Delivery Duane Davis/EPA 4-27-13
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? Yes/No If YES, enter delivery address below
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> USEPA <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7009 1680 0000 7663 2577	
Domestic Return Receipt 102595-02-M-1540	

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 •

RECEIVED
MAY 03 2013
REGIONAL HEARING CLERK
USEPA
REGION 5

James Entzminger
U.S. EPA, Region 5
Mail Code: SC-5J
77 W. Jackson Blvd.
Chicago, IL 60604

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MM-05-2013-0005