

SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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
 X *John R. HEARD* Agent Addressee

B. Received by (Printed Name) *John R. HEARD* C. Date of Delivery *8/20/18*

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

1. Article Addressed to: **TSCA-05-2018-0012**



Mr. David Woods
Fibertec Industrial Hygiene Services, Inc.
1914 Holloway Drive
Holt, Michigan 48842

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

7014 2870 0001 9580 6798

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

EST. 1776

27 AUG '18



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

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

TSCA-05-2018-0012
LADAWN WHITEHEAD
REGIONAL HEARING CLERK
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604

TSCA-05-2018-0012

