

SENDER- COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

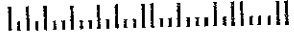
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent
 Addressee
 X *Ryan Hartley*

B. Received by (Printed Name) C. Date of Delivery
Ryan Hartley *6/30/18*

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

1. Article Addressed to: **RCRA-05-2018-0015**



Mr. Rick Zemple
Batteries Plus Bulbs
5501 U.S. Highway 10 East
Stevens Point, Wisconsin 54482

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7009 1680 0000 7662 6088
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C



UNITED STATES POSTAL SERVICE
 JUL 6 2018
 CHICAGO, IL 60604
 PM 411



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

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

RCRA-05-2018-0015

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

