
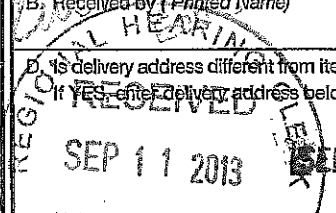
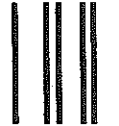


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Heather Aley Austin, Attorney Thompson Hine, LLP 3900 Key Center 127 Public Square Cleveland, Ohio 44114	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		
3. Service (ON AGENCY)	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
7009 1680 0000 7676 9822	Domestic Return Receipt	
102595-02-M-1540	102595-02-M-1540	

UNITED STATES POSTAL SERVICE

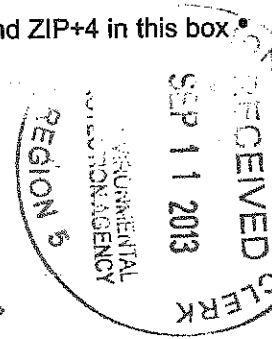
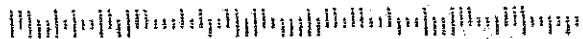


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

James Entzminger
 U.S. Env. Protection Agency
 CEPPS - Mail Code SC-5J
 77 West Jackson Blvd.
 Chicago, IL 60604

EPCRA-05-2013-0023
 CA FO

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.

1. Article Addressed to:

Mr. Chad Davidson
 Division 2 Manager Clyde Operations
 Revere Plastics Systems, LLC
 401 East Elm Street
 Clyde, Ohio 43410

2. Article Number
 (Transfer from service label)

7009 1680 0000 7676 9815

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stacey Copelan*

- Agent
- Addressee

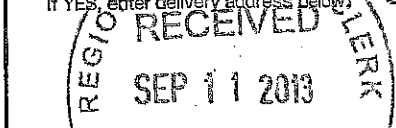
B. Received by (Printed Name)

Stacey Copelan

C. Date of Delivery

9/4/13

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



3. Service Type: U.S. ENVIRONMENTAL PROTECTION AGENCY
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail COD

4. Restricted Delivery? (Extra Fee) Yes

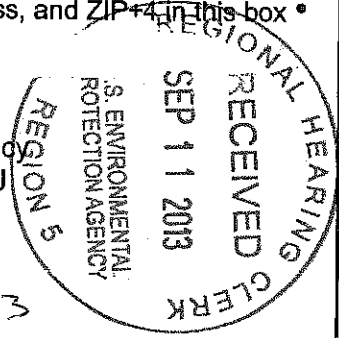
UNITED STATES POSTAL SERVICE



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

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

James Entzminger
 U.S. Env. Protection Agency
 CEPPS - Mail Code SC-5J
 77 West Jackson Blvd.
 Chicago, IL 60604



EPCRA-05-2013-0023
CAFD

95000000

