

**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.

U.S. EPA  
 26 West Martin Luther King Dr.  
 Mail Code: WG32B  
 Cincinnati, OH 45268

*TSCA-05-2018-0606*

2. Article Number  
 (Transfer from service label)

7009 1680 0000 7666 2185

PS Form 3811, July 2013

Domestic Return Receipt

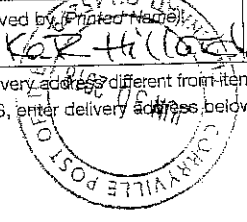
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
*[Signature]*

B. Received by (Printed Name)  
*ERIK R. HILL*

C. Date of Delivery  
*6-29-18*

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



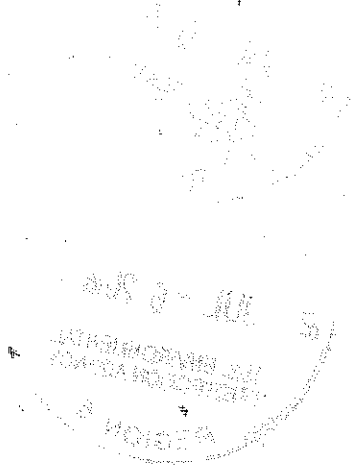
3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

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•

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

*TSCA 05 2018 0006*