

**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. William Herndon  
Paragon firstronic of NA Corp.  
1655 Michigan St. NE  
Grand Rapids, Michigan 49503

*EPCRA-05-2008-0062*

2. Article Number

(Transfer from service label)

7001 0320 0006 0190 8025

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

*10-5*

C. Signature

X

*[Handwritten Signature]*  
**RECEIVED**  
*OCT 07 2009*

- Agent
- Addressee
- Yes
- No

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:

**REGIONAL HEARING CLERK  
USEPA  
REGION 5**

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes