

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 **PSCA-05-2018-0013**

Timothy L. Whaley
 Training Program Manager
 Virginia College, LLC
 DBA Brightwood Career Institute
 332 Front Street, Suite 555
 LaCrosse, WI 54601

2. Article Number

(Transfer from service lab)

7014 2870 0001 9580 6576

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

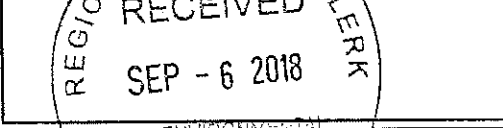
D. Am...

C. Date of Delivery

8-31-18

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

- Yes
- No



3. Service Type

- Certified Mail®
- Registered®
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- Yes

UNITED STATES POSTAL SERVICE



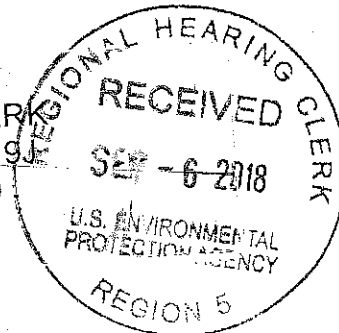
01 SEP '18

PM 3 L

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

• Sender: Please print your name, address, and ZIP+4® in this box*
TSCA-05-2018-0013

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



04-360883

