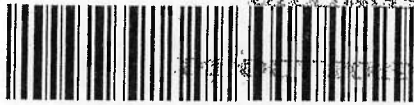


USPS TRACKING#



BILLINGS MT 591



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

9590 9402 3226 7196 2888 28

United States
Postal Service

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

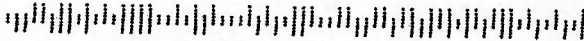
RECEIVED

OCT 07 2019

Enforcement and Compliance
Assurance Division

J. Duggan, 8ENF-W-NW
US EPA REGION 8
1595 Wynkoop Street
Denver, CO 80202-1129

CWA-08-2019-0009



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Kirk Bryan
Shiloh Sharps, Inc.
201 Centennial
Big Timber, MT 59011

SEP 18 2019

F

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Phyllis Bryan Addressee

B. Received by (Printed Name) C. Date of Delivery
Phyllis Bryan 10-1-19

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

CWA-08-2019-0009



9590 9402 3226 7196 2888 28

2. Article Number (Transfer from service label)

7012 2210 0000 5374 0079

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt