

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. Mario Sciberras
 President and CEO
 Saline Electronics, Inc.
 710 North Maple Street
 Saline, Michigan 47176

EPCRA-05-2016-0007

2. Article Number
(Transfer from service label)

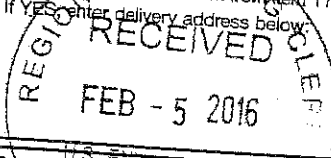
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mario Sciberras* Agent Addressee

B. Received by (Printed Name) *Mario Sciberras* C. Date of Delivery *2-1-16*

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



3. Service type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7014 2870 0001 9578 3297

Domestic Return Receipt

102595-02-M-154

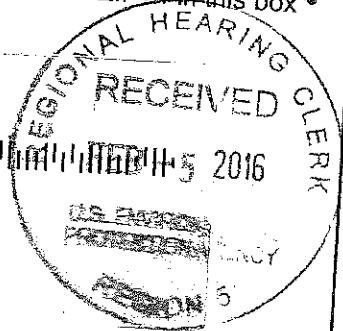
UNITED STATES POSTAL SERVICE



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
 Regional Hearing Clerk
 U.S. EPA - Region 5
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590



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