

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. Brian Miller
 Pro Via Door, Inc.
 2150 State Route 39
 Sugarcreek, Ohio 44681

EPCRA-05-2015-0008

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8258

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Maclene K. Salgado Agent
 Addressee

B. Received by (Printed Name)

Maclene K. Salgado

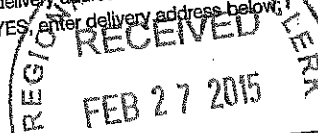
C. Date of Delivery

2-13-15

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

Yes

No



3. Service Type

Certified Mail

Express Mail

Registered Mail

Insured Mail

Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

011 473
13 FEB '15

PM 5 L



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

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

Regional Hearing Clerk (E-1903)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago, Illinois 60604

