

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. Arthur H. Siegal
 Counsel for Precision Coatings, Inc.
 8120 Goldie St.
 Walled Lake, MI 48390

RCRA-05-2017-0011

2. Article Number
 (Transfer from service label)

7009 1680 0000 7647 3828

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-16

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Peteron O'Neil

- Agent
- Addressee

B. Received by (Printed Name)

Delores C. O'Neil

C. Date of Delivery

4-24-17

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

NETDORLEX
MI 4830
24 APR 17
PM 3.1



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
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



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