

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:



Wes Senglaub
 Safety Department
 Berger Transfer & Storage, Inc.
 2950 Long Lake Road
 Saint Paul, Minnesota 55113

EPCRA-05-2015-0025

ESA

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 4802

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

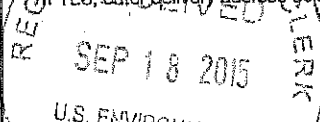
TOPP, WALTER D. JR.

C. Date of Delivery

9-14-15

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

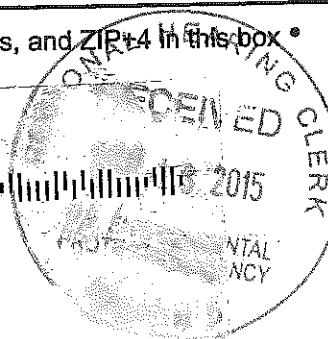
UNITED STATES POSTAL SERVICE



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



EPCRA-05-2015-0025

ESA