

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.

1. Addressee to: **RCRA-05-2018-0020**
 Mr. Charles Lewis
 EHS Manager
 Magna Mirrors of America d/b/a
 3501 John F. Donnelly Drive
 Holland, MI 49424



9590 9402 3161 7166 0328 51

2. Article Number (Transfer from service label)

9614287000195773557

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Andrea Lewandos Addressee
 B. Received by (Printed Name) *Andrea Lewandos* C. Date of Delivery

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 3161 7166 0328 51

RCRA-05-2018-0020



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

United States Postal Service

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

LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

