

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. Alex Rohrer
Window World of Akron
2424 Gilchrist Road
Akron, Ohio 44305

TSCA-05-2015-0009

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8579

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sierra Stater* Agent Addressee

B. Received by (Printed Name) **Sierra Stater** C. Date of Delivery **7-24**

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

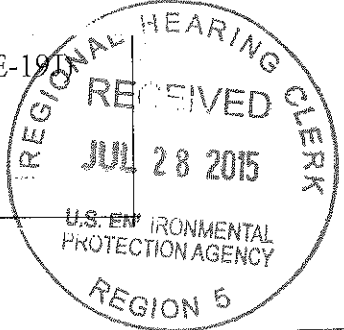
UNITED STATES POSTAL SERVICE



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

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

Regional Hearing Clerk (E-19)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago, Illinois 60604



34360995

