

SENDER: COMPLETE THIS SECTION

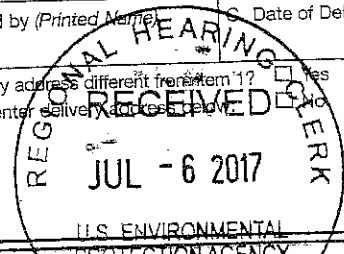
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

COMPLETE THIS SECTION ON DELIVERY

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

Mr. Michael Beck
 Think Painting, Inc.
 312 West New England Avenue
 Worthington, Ohio 43085

Delivery address different from item 1? Yes
 No
 (ES, enter delivery point on reverse)



TSCA-05-2017-0004

Service Type: Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

2. A 7014 2870 0001 9577 6794

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE
 COLUMBUS OH 430
 29 JUN '17
 PM 5 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
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

TSCA-05-2017-0004