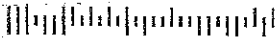


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Address</p> <p>B. Received By (Printed Name) <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>C. Date of Delivery <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p>  <p>Mr. Lawrence S. Thair  VP and CFO  Big River Zinc Corporation  2201 Mississippi Avenue  Sauget, Illinois 62201</p> <p>TSCA-05-2016-0002 (CATD)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p> <p>OCT 23 2015  U.S. ENVIRONMENTAL PROTECTION AGENCY  CLERK</p> <p>3. Service Type:  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>150 0000 2641 7093</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

UNITED STATES POSTAL SERVICE

NOV 6 2015

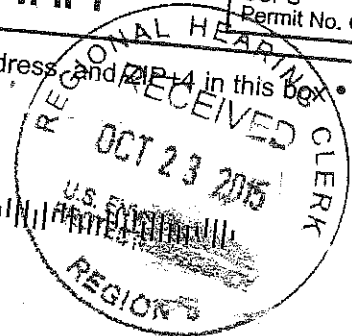
20 OCT '15



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



(CATD)