

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address:
 B. Received by (Print Name) Name of Deliver
 C. Is delivery address different from the delivery address below: No Yes

Steve Wasko, Plant Manager
 PVS Technologies, Inc.
 10900 Harper Avenue
 Detroit, Michigan 48213

RECEIVED
 JAN 06 2017
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5

CAA-05-2017-0005

(ESA)

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 7001

3. Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-15

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 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

RECEIVED
 USEPA REGION 5
 DEC 30 2016
 OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE

CAA-05-2017-0005

(ESA)