

NEED TO 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. Steven Lovelace  
Lawrence Industries, Inc.  
423 Walbridge Street  
Kalamazoo, Michigan 49007

RCRA-05-2017-0007

2. Article Number  
(Transfer from service label)

7001 0320 4906 0188 0574

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-03-15

NEED TO COMPLETE THIS SECTION

A. Signature  Agent  Address

B. Received by (Print name) C. Date of Delivery

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

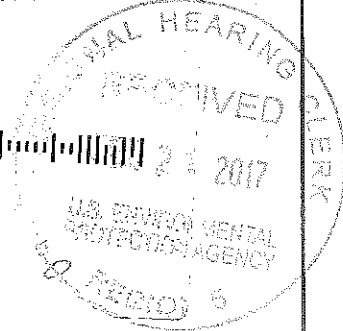
UNITED STATES POSTAL SERVICE



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



RCRA-05-2017-0007