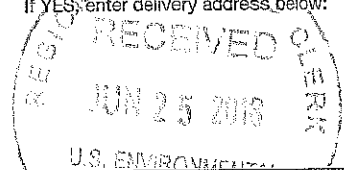



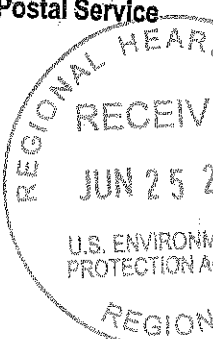


SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <i>X LADAWN WHITEHEAD</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>D. Whitehead</i> <i>6/18/18</i>
Mr. Doug Richard Safety Manager DAP Products, Inc. 875 North Third Street Tipp City, OH 45371 RCRA-05-2018-0012	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
 9590 9402 2244 6193 8287 53	3. Service Type <input type="checkbox"/> PRIORITY MAIL AGENCY <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <i>7014 2890 0001 9577 4110</i>	

PS Form 3811, July 2015 PSN 7530-02-000-8053

Domestic Return Receipt

USPS TRACKING#  9590 9402 2244 6193 8287 53		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
United States Postal Service 	• 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-05-2018-0012	
