

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.

1. Article Addressed to:

Mr. Robert J. Squiers
 General Counsel
 PGP Corporation d/b/a Voss Taylor
 7925 Beech Daly Road
 Taylor, MI 48180

EPCRA-05-2016-0012

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 6660

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *R. Murphy*

- Agent
- Address

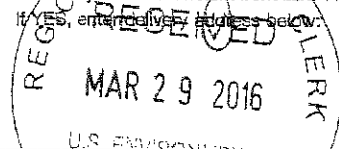
B. Received by (Printed Name)

D. Whitehead

C. Date of Delivery

3-24-16

D. Is delivery address different from item 1? Yes No
If Yes, enter delivery address below.



3. Service Type

- Certified Mail
- Express Mail
- Registered Mail
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE
MI 480

24 MAR '16
791 101



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

