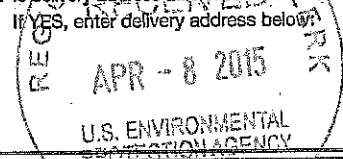


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired, <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Chris Perry</i>	
1. Article Addressed to:  Mr. Bill Steinagel Steinagel Management Services, LLC 711 South Rose St. Kalamazoo, Michigan 49007  <b>TSCA-05-2015-0006</b> <i>CAF</i>	B. Received by (Printed Name) <i>CHRIS PERRY</i>	C. Date of Delivery <i>4-2-15</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7011 1150 0000 2643 8418	


PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

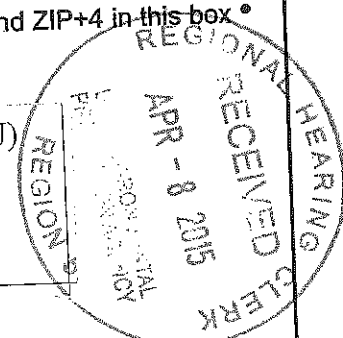
UNITED STATES POSTAL SERVICE  
MI 495  
02 APR '15  
PMSL

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10



• Sender: Please print your name, address, and ZIP+4 in this box •

Regional Hearing Clerk (E-19J)  
 U.S. EPA  
 77 W. Jackson Blvd.  
 Chicago, Illinois 60604



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