

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:

EPCRA-05-2019-0002

Tom Hillgrove
 President
 Rink Management Services Corporation
 9414 Charter Crossing
 Mechanicsville, Virginia 23116

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 7404

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X S Lancaster

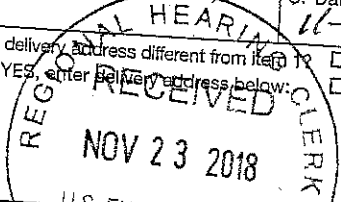
Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-13-18

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



3. Service type: Certified Mail® Priority Mail Express™
 Registered Mail™ Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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•

EPCRA-05-2019-0002

LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

