

SENDER: COMPLETE THIS SECTION

DELIVERER: COMPLETE THIS SECTION (FOR DELIVERER)


- 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.

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

U.S. EIGHT DOLLARS

1. 
 Jim Bizoukas
 Director of Operations
 Asphalt Cutbacks, Inc.
 3000 Gary Avenue
 East Chicago, IN 46312

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

CWA 05 2017 0007

2. Article Number (Transfer from service label) 7001 0320 0005 8922 0232

PS Form 3811, February 2004

Domestic Return Receipt


102395-02-W-15

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
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

CWA 05 2017 0007