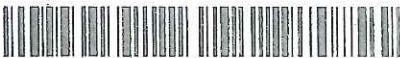
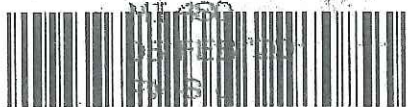



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Mari Edgerton</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mari Edgerton</i> Date of Delivery <i>2/5/2020</i></p>
<p>1. Article Addressed to: <i>CAA 05 2020 0003</i></p> <p>James Christiana          Ammonia Supervisor          Lipari Foods, LLC          26700 Bunert Road          Warren, MI 48089</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED          FEB 14 2020          REGIONAL HEARING CLERK</p>
<p style="text-align: center;">          9590 9402 4873 9032 5307 87</p>	<p>3. Service Type <b>PROTECTION AGENT</b> <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"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)  <b>7018 3090 0002 2526 8096</b></p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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*CAA 05 2020 0003*

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LaDawn Whitehead (EC-19J)  
 Regional Hearing Clerk  
 U. S. EPA - Region 5  
 77 West Jackson Boulevard  
 Chicago, IL 60604-3590

