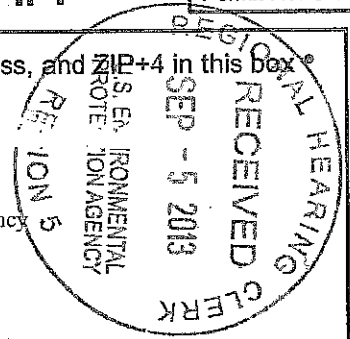



First-Class Mail
Postage & Fees Paid
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• Sender: Please print your name, address, and ZIP+4 in this box.

ATTN: Ladawa Whitehead
U.S. Environmental Protection Agency
Air and Radiation Division (E-19J)
77 West Jackson Blvd.
Chicago, Illinois 60604



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse side 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. 	<p>A. Signature </p> <p>B. Received by (Printed Name) <u>Christopher Kits</u></p> <p>C. Date of Delivery <u>8-30-13</u></p>
<p>1. Article Addressed to:</p> <p><u>CHRISTOPHER KITS</u> <u>GENERAL MANAGER</u> <u>HURON LIMS, INC.</u> <u>P.O. BOX 431</u> <u>HURON, OHIO 44839</u></p> <p>CAA-05-2013-0038</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><u>Box 451</u></p> <p>5. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><u>7009 1680 0000 7676 1109</u></p>