

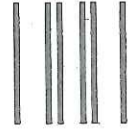


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed name) _____ C. Date of Delivery _____</p>
<p>1. Article Number</p>  <p>Jeff Nyman Vice President of Operations Pioneer Metal Finishing LLC 486 Globe Avenue Green Bay, Wisconsin 54304</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> RETURN AGENCY <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>RCRA-05-2017-0012</p> <p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 1680 0000 7647 3842</p>


PS Form 3811, February 2004 Domestic Return Receipt 102595-02-W-154

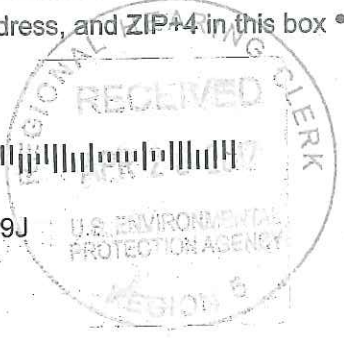
UNITED STATES POSTAL SERVICE



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



RCRA 05 2017 0012