

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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 *[Handwritten Signature]* Agent Address

B. Received by (Printed Name) *[Handwritten Name]* C. Date of Delivery *03-31-16*

1. Article Addressed to:

Mr. David L. Wynn
 Site Manager
 BASF Coating Group Greenville
 1175 Martin Street
 Greenville, Ohio 45331

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

RCRA-05-2016-0008

ESA/FO

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 5920

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

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



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