

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 Agent
 Address

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

1. Article Addressed to: TSCA-05-2018-0003

Mr. Patrick Beal
 Detroit Training Center, Inc.
 277 Gratiot Avenue, Suite 210
 Detroit, Michigan 48226

REC'D RECEIVED CLERK
 APR - 6 2018
 U.S. ENVIRONMENTAL PROTECTION AGENCY

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) 7014 2870 0001 9577 6961

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

REC'D RECEIVED CLERK
 APR - 6 2018
 ENVIRONMENTAL PROTECTION AGENCY
 REGION 5

TSCA-05-2018-0003