

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature

Y

*[Handwritten Signature]*

Agent

Addressee



Delivered by (Printed Name)

C. Date of Delivery

*[Handwritten Name]*

*10-5-17*

Mr. Robert Maline  
 Operations Manager, Corporate Incinerator  
 3M Company, 3M Cottage Grove Center  
 10746 Innovation Road  
 Cottage Grove, MN 55016-4600

Delivery address different from item 1?  Yes  
 If so, enter delivery address below  No



CAA-05-2017-0043

3. Service Type

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

4. Restricted Delivery (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

*7009 1680 0000 7662 7023*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

UNITED STATES POSTAL SERVICE

ST PAUL MN 551

05 OCT 2017 PM 3 T

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



CAA-05-2017-0043