


**SENDER: COMPLETE THIS SECTION**

- 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.

1.   
 Mr. Quesnell Hartman  
 General Manager  
 II-VI EpiWorks  
 1606 Rion Drive  
 Champaign, Illinois 61822

2. Article Number  
 (Transfer from service label) **7014 2870 0001 9577 6107**

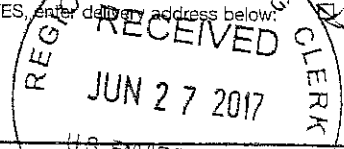
PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Signature  Agent  
 Address

B. Received by (Printed Name) **K. HEAR**  
 C. Date of Delivery **6-27-17**

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



3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered Mail™  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery


4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

CHAMPAIGN IL 618  
 22 JUN 2017 PM 11

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

**RCRA-05-2017-0016**