

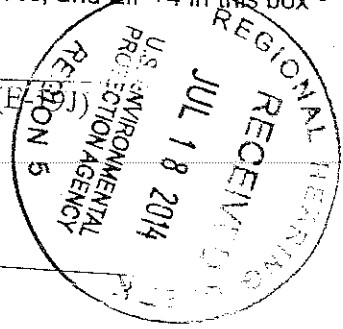
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Regional Hearing Clerk (EPA)
U.S. EPA
77 W. Jackson Blvd.
Chicago IL 60604



34360899

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>Monica Benson</i></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Mr. Gary Galicki Gunton Corporation 26150 Richmond Road Bedford Heights, Ohio 44146</p>	<p>B. Received by (Printed Name) <i>MONICA BENSON</i></p> <p>C. Date of Delivery</p>
<p>TSCA-05-2014-0014</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>REGIONAL HEARING RECEIVED JUL 18 2014 CLERK</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 1680 0000 7649 6681</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540