

**SENDER: COMPLETE THIS SECTION**

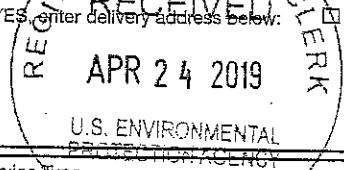
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to **EPCRA-05-2019-0003**

**M. Cory Zucker, Vice-President  
Kalcor Coatings Company  
37721 Stevens Boulevard  
Willoughby, OH 44094**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Address  
*Bonnie Hager*
- B. Received by (Printed Name)  Agent  
*Bonnie Hager*  Address
- C. Date of Delivery  Yes  
*4-15-19*  No
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

**7011 1150 0000 2643 7701**

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

CLEVELAND  
 OH 440  
 16 APR '19  
 PM 4 1



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

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

**EPCRA-05-2019-0003**

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

