

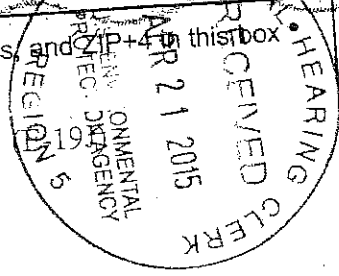
UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid

USPS
Permit No. 640

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

Regional Hearing Clerk
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 60604.



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:

Mr. Jack Hampton
Aluminum Recovery Technologies
2170 Production Road
Kendallville, Indiana 46755

EPCRA-05-2015-0015 *CRPD*

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8470

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☐ Addressee

B. Received by (Printed Name)

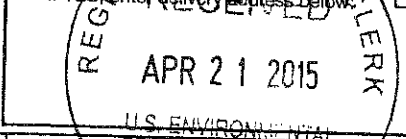
CHRONWICK

C. Date of Delivery

4-17-15

D. Is delivery address different from item 1?
If YES, enter delivery address below.

☐ Yes
☐ No



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

Domestic Return Receipt

102595-02-M-1540