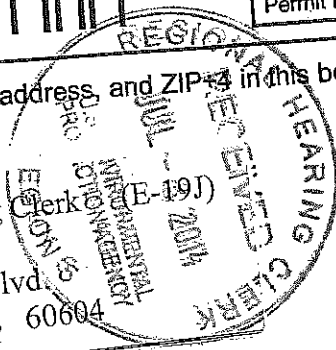


UNITED STATES POSTAL SERVICE

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
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. Michael R. Brotz
Plastic Engineering
P.O. Box 758
Sheboygan, Wisconsin 53083

EPCRA-05-2014-0016

2. Article Number
(Transfer from service label)

7009 1680 0000 7649 9354

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

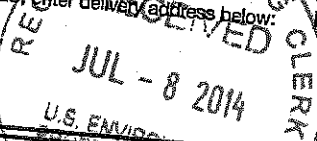
COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kathleen Laurer Agent Addressee

B. Received by (Printed Name)
Kathleen Laurer

C. Date of Delivery
7/3/14

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



3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes