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:

All Flex Flexible Circuits, LLC
ATTN: Mr. Greg Closser
1705 Cannon Lane
Northfield, Minnesota 55057

EPCRA-05-2015-0019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Tyler ☒ Agent ☐ Addressee

B. Received by (Printed Name) Nancy Meehan C. Date of Delivery 7/2

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

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3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0000 2643 8456

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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 (E-19J)
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 60604

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