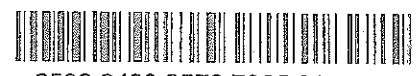


SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ 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: **RCRA-05-2020-0003**

Mr. Peter Preu
Director of Human Resources
Semling-Menke Company
605 North Ohio Street
Merrill, WI 54452



9590 9402 3579 7305 0629 66

2. Article Number (Transfer from service label)

7017 3380 0000 7283 2427

PS Form 3811, July 2015 PSN 7530-02-000-9053

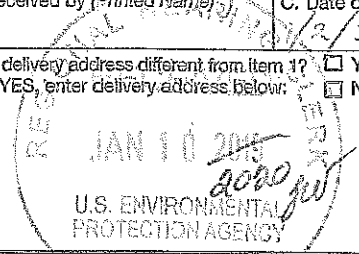
COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
1/10/20

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



3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)
- REGION 5*
- ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#

9590 9402 3579 7305 0629 66



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

RCRA-05-2020-0003

United States
Postal Service

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

[Barcode]

LaDawn Whitehead (EC-19J)
Regional Hearing Clerk
U. S. EPA - Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

