

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature Agent
 Address
X

B. Received by (Printed Name) C. Date of Delivery
Mr. Gerry King *10/3/17*

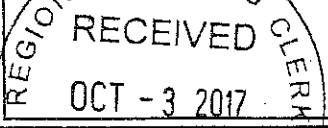
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article



Mr. Gerry King
 Director, EHS
 Atlas Oil Company
 24501 Ecorse Road
 Taylor, Michigan 48180

EPCRA-05-2017-0027



3. Service Type Registered Mail Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

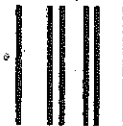
(Transfer from service label)

7009 1680 0000 7662 7016

PS Form 3811, July 2013

Domestic Return Receipt

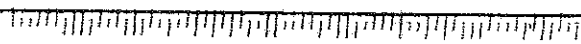
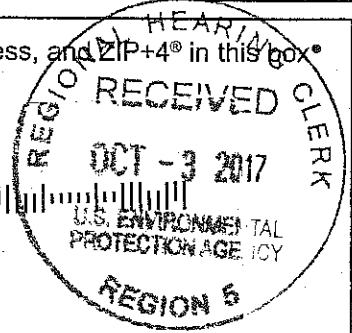
UNITED STATES POSTAL SERVICE



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

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

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



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