


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:


 Stacy Schmidt, MPH, MS
 Director, Corporate Hazardous Management
 The Andersons, Inc.
 P.O. Box 119
 Maumee, Ohio 43537

CAA-05-2015-0046

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 4710

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

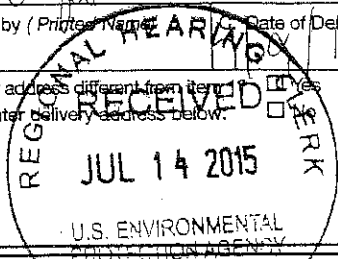
A. Signature Agent
 X *g Taylor* Address

B. Received by (Printed Name) _____ Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes




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
 Regional Hearing Clerk
 U.S. EPA - Region 5
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590

