

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent  <input type="checkbox"/> Address <input type="checkbox"/></p> <p>B. Received by (Printed Name)            Keri Bandozi</p> <p>C. Date of Delivery            6/4/15</p>
<p>1. Article Addressed to:</p> <p>Mr. Dean J. Re            Meca and Technology Machine, Inc.            1281 Parkview Road            Green Bay, Wisconsin 54304</p> <p>RCRA-05-2015-0010</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below <input type="checkbox"/> No</p> <p>3. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (transfer from service label) 7009 1680 0000 7677 9210</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1</p>

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit [www.usps.com](http://www.usps.com)

7009 1680 0000 7677 9210

Postage	
Certified Fee	\$ 3.00
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.00

Sent To: Mr. Dean J. Re  
 Meca and Technology Machine, Inc.  
 1281 Parkview Road  
 Green Bay, Wisconsin 54304

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

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

RECEIVED  
 JUN 11 2015  
 REGIONAL HEARING CLERK

RECEIVED  
 USEPA REGION 5  
 JUN - 8 2015  
 OFFICE OF ENFORCEMENT &  
 COMPLIANCE ASSURANCE

\* 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