

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.



Ms. Kim Ladisky
 Owner
 Smith Oil & Propane, Inc.
 401 East Railroad Street
 St. Johns, Michigan 48879

EPCRA-05-2017-0021

2. Article Number
 (Transfer from service label)

7001 0320 0005 8922 0096

PS Form 3811, July 2013

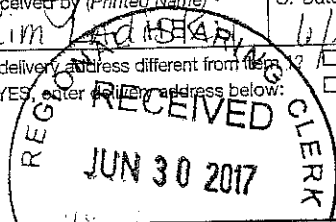
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kim Ladisky 6/28/17

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



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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE
 MI 488
 28 JUN '17
 PM 5:1



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 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

RECEIVED
 USEPA REGION 5
 JUN 30 2017
 OFFICE OF ENFORCEMENT &
 COMPLIANCE ASSURANCE

EPCRA-05-2017-0021