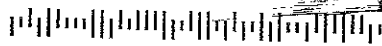


**SENDER: COMPLETE THIS SECTION**

- 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: **TSCA-05-2018-0005**



Mr. Karl Wyant  
 Manager  
 Darford LLC  
 420 North 2nd Avenue West  
 Duluth, MN 55806

2. Article Number  
(Transfer from service label)

**7009 1680 0000 7662 7450**

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

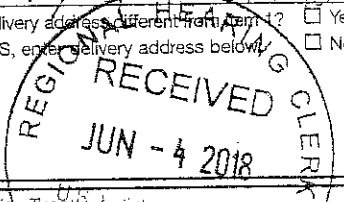
A. Signature  Agent  
 Address  
*Karl Wyant*

B. Received by (Printed Name)  Date of Delivery  
*Karl Wyant* **5/31/18**

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®  Return Receipt for Merchandise  
 Insured Mail®  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



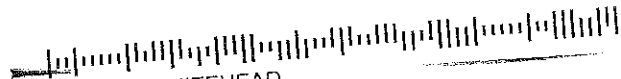
UNITED STATES POSTAL SERVICE

ST PAUL  
MN 550  
21 MAY 18



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

**TSCA-05-2018-0005**