
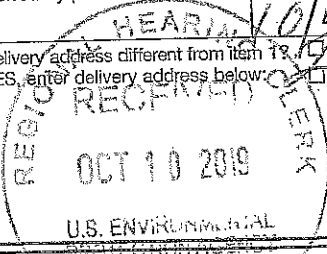
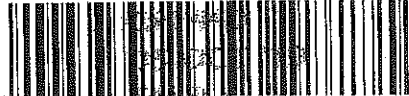

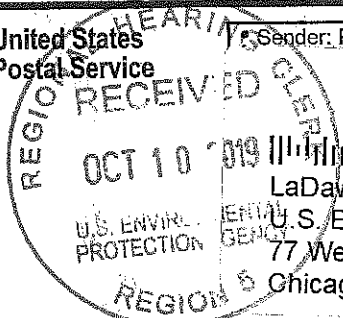



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|---|---|--|---|--|---|---------------------------------------|--|--|--|
| <p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>LaDawn Whitehead</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>10/4/19</i></p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to: <i>CWA 05 2019 0004</i></p> <p style="text-align: center;">Warmus Builders, Inc. 1531 Boettler Road, Suite C Green, OH 44685</p>  <p style="text-align: center;">9590 9402 4873 9032 5306 33</p> | <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p style="text-align: center;">  </p> | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) <i>70181830000054145298</i></p> | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input checked="" type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input checked="" type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input checked="" type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| <p style="text-align: center;">USPS TRACKING#</p>  <p style="text-align: center;">9590 9402 4873 9032 5306 33</p> |  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p> </div> |
| <p style="text-align: right;"><i>CWA 05 2019 0004</i></p> | |
| <p>United States Postal Service</p> <p style="text-align: center;">  </p> | <p>Sender: Please print your name, address, and ZIP+4® in this box*</p> <p style="text-align: center;">  </p> <p style="text-align: center;"> LaDawn Whitehead (E-19J) U.S. EPA - Region 5 77 West Jackson Boulevard Chicago, IL 60604-3590 </p> |