

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature Agent
 Address

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

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

Robert Conway, General Manager
 Meyer Industrial Container LLC
 610 West 81st Street
 Chicago, IL 60620

RECEIVED
 OCT 27 2017
 REGION 5
 U.S. ENVIRONMENTAL PROTECTION AGENCY

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

CAA-05-2017-0042

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 7009

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

UNITED STATES POSTAL SERVICE

IL 604
29 OCT '17



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
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

REGIONAL HEARING CLERK
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