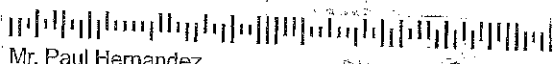
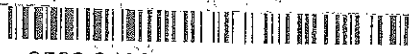
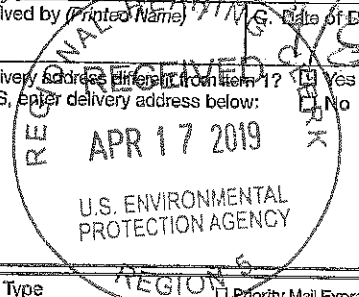
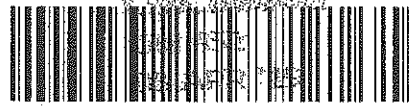

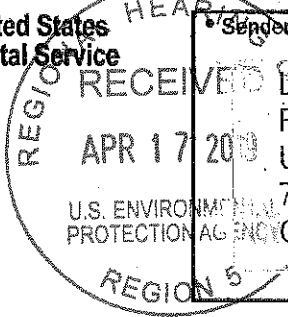


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to: TSCA-05-2019-0007</p>  <p>Mr. Paul Hernandez National Vice President of Operations. Champion Window Manufacturing and Supply Co., LLC 12121 Champion Way Cincinnati, Ohio 45241</p>  <p>9590 9402 3161 7166 0330 32</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>  <p>Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>7014 2870 0001 9577 7135</p>	<p>fail fail Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

<p>USPS TRACKING #</p>  <p>9590 9402 3161 7166 0330 32</p>	 <div style="border: 1px solid black; padding: 5px;"> <p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p> </div>
<p>United States Postal Service</p> 	<p>Sender: Please print your name, address, and ZIP+4® in this box*</p> <p>LADAWN WHITEHEAD REGIONAL HEARING CLERK U.S. EPA - REGION 5 - E19J 77 WEST JACKSON BLVD CHICAGO, IL 60604</p>
<p>TSCA-05-2019-0007</p> 