

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
4/7/15

1. Article Addressed to:

Tom Thomasser
 Chief Operating Officer
 Summit Brewing Company
 910 Montreal Circle
 St. Paul, Minnesota 55102

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

RECEIVED
 APR 10 2015
 REGIONAL HEARING CLERK

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

EPCRA-05-2015-0014

2. Article Number (Transfer from service label) **7011 1150 0000 2640 7377**

UNITED STATES POSTAL SERVICE
 APR 7 2015



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

RECEIVED
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 REGIONAL HEARING CLERK