

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mr. Richard Gearheard, President Crop Production Services, Inc. 3005 Rocky Mountain Avenue Post Office Box 22 Loveland, Colorado 80538</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7648 3933</p>

UNITED STATES POSTAL SERVICE

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7421

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

James Entzminger
U.S. EPA
CEPPS - Mail Code SC-5J
77 West Jackson Blvd.
Chicago, IL 60604

CBRCLA-05-2014-0006
EPLRA-05-2014-0013
CAFC MM-05-2014-0002

REGIONAL HEARING CLERK
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REGION 5

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