

SENDER: COMPLETE THIS SECTION

- 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.

Patrick J. Sweeney, Esquire  
 Counsel for Respondent  
 Eckberg Lammers  
 1809 Northwestern Avenue  
 Stillwater, MN 55082

CWA-05-2016-0019

2. Article Number  
 (Transfer from service label)

7009 1680 0000 7647 3866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Address

B. Received by (Printed Name) C. Date of Delivery 5-31-17

D. Is delivery address different from item 1?  Yes  No  
 If "Yes" enter delivery address below

3. Service type: U.S. ENVIRONMENTAL PROTECTION AGENCY  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



UNITED STATES POSTAL SERVICE



24 APR 2017 PM 4

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

