

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.



David Brooks, General Manager
 POET Biorefining- Cloverdale, LLC
 2265 East County Road 800 South
 Cloverdale, Indiana 46120

CAA-05-2016-0039

2. Article Number
 (Transfer from service label)

7011 1150 0000 2640 6899

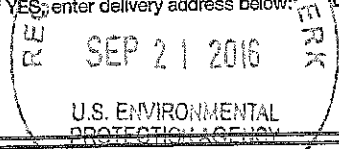
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Address
- B. Received by (Printed Name) *Carol S. ...*
- C. Date of Delivery *9-15*
- D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:



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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

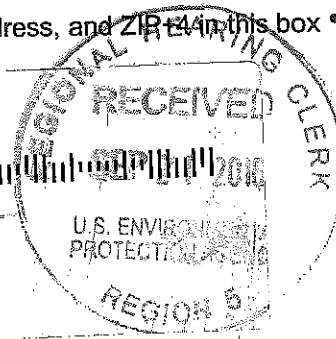
15 SEP 16



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
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E15
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



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