

**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.

1. Article Addressed to:

Daniel Egbert  
 Egbert Excavating, Inc.  
 W1302 Lawson Drive  
 Green Lake, Wisconsin 54941

CWA 05 2015 0011 CAFD

2. Article Number  
(Transfer from service label)

7009 1680 0000 7648 4992

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 Victoria Woyak

B. Received by (Printed Name) C. Date of Delivery  
 Victoria Woyak 4-2-15

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

P.O. Box 402  
 Green Lake WI 54941

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



5d50 First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

REGIONAL HEARING CLERK  
 RECEIVED  
 APR - 8 2015

LaDawn Whitehead  
 Regional Hearing Clerk  
 U.S. EPA - Region 5  
 77 West Jackson Blvd (E-19J)  
 Chicago, IL 60604-3590

