

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 7-25-11
	C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> Mr. Peter Mutschler, E&S Manager CHS, Inc. 5500 Cenex Drive Inver Grove Heights, MN 55077-1733 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below: <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 08 2011 </div>	
	3. Service Type <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail with Signature Required <input type="checkbox"/> Registered Mail with Restricted Receipt for Merchandise <input type="checkbox"/> Registered Mail with Signature Required and Restricted Receipt for Merchandise	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

UNITED STATES POSTAL SERVICE
ST PAUL MN 551

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 640

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

Chicago, IL 60601

James Entzminger
U.S. Env. Protection Agency
CEPPS- Mail code SC-01
77 West Jackson Boulevard
Chicago, IL 60601

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

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