

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 type="checkbox"/> Address</p>
<p>DALE ROSENE, DIRECTOR HSE & RISK MANAGEMENT CSL BEHRING L.L.C. 1201 N. KINZIE AVENUE BRADLEY, IL 60915</p> <p>CAA-05-2015-0021 CAFO</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent C. Date of Delivery <input type="checkbox"/> Address</p> <p>Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p> <p>MAR - 4 2015 U.S. ENVIRONMENTAL PROTECTION AGENCY</p>
<p>2. Article Number (Transfer from service label)</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</p>
<p>7009 1680 0000 7663 9507</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11</p>

UNITED STATES POSTAL SERVICE

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

RECEIVED
U.S. ENVIRONMENTAL PROTECTION AGENCY
MAR - 4 2015
REGIONAL HEARING CLERK