

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

MM-05-2015-0005 CERCLA-05-2015-0007

is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below

Ms. Juliette Pryor
 Executive Vice President, General Counsel
 and Chief Compliance Officer
 US Foods, Inc.
 9399 West Higgins, Suite 500
 Rosemont, Illinois 60018

RECEIVED
 JUL 29 2015
 REGIONAL HEARING CLERK

CAD EPCRA-05-2015-0021

3. Service Type: U.S. ENVIRONMENTAL PROTECTION AGENCY
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail (Extra Fee)

2. Article Number
 (Transfer from service label)

4. Restricted Delivery? (Extra Fee) Yes

7011 1150 0000 2640 4765

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

RECEIVED
 JUL 29 2015
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5