

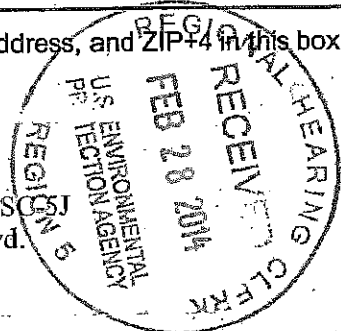
UNITED STATES POSTAL SERVICE



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

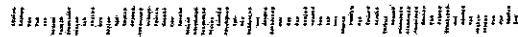
• Sender: Please print your name, address, and ZIP+4 in this box •

James Entzminger
U.S. EPA
CEPPS - Mail Code SC5J
77 West Jackson Blvd.
Chicago, IL 60604



EPCRA-05-2014-0009
CAFO

49660099



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:

Mr. David E. Mohnke
President
E-T-M Enterprises, Inc.
920 North Clinton Street
Grand Ledge, Michigan 48837-1106

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Coe*

- Agent
- Addressee

B. Received by (Printed Name)
James Coe

C. Date of Delivery

2/28/14

D. Is delivery address different from item 1?
If YES, enter delivery address below

- Yes
- No

FEB 28 2014

U.S. ENVIRONMENTAL PROTECTION AGENCY

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

7009 1680 0000 7648 3766

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

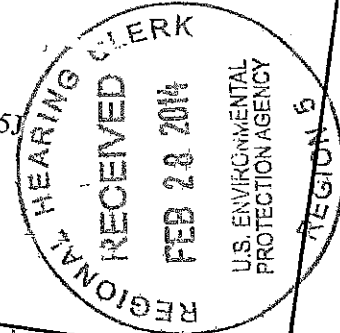


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77 West Jackson Blvd.
Chicago, IL 60604

EPCRA-05-2014-0009
CARE



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 checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Charles E. Barbieri, Attorney Foster Swift Collins & Smith PC 313 South Washington Square Lansing, Michigan 48933-2193</p>	<p>B. Received by (Printed Name) <i>David ...</i></p> <p>C. Date of Delivery 2-29-14</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <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 7648 3773</p>	