
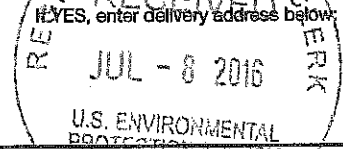




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Lenny Vonfeld</i> 7/8/16</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">  Frank D. Tsuru, Manager Utica East Ohio Midstream LLC 11543 State Route 644 Kensington, Ohio 44427 </div> <p style="text-align: center;">CAA-05-2016-0031</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> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;">  </div> <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>2. Article Number: (Transfer from service label)</p> <p style="font-size: 2em; text-align: center;">(CAFO) 7011 1150 0000 2640 7209</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>

UNITED STATES POSTAL SERVICE
 CHICAGO, IL 60604
 05 JUL '16
 PM 3:11

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 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



CAA-05-2016-0031

(CAFO)