


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. Signature <i>X [Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
 Ted E. Grzywacz, President Berkshire Refrigerated Warehousing, LLC 2015 4450 South Packers Avenue Chicago, Illinois 60609	B. Received by (Printed Name)	C. Date of Delivery 10/14/15
CAA-05-2016-0002	Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		

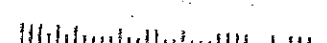
ESR
 7011 1150 0000 2640 4284

5 SUBURBAN
 UNITED STATES POSTAL SERVICE
 14 OCT '15
 PHSL



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

CAA-05-2016-0002

ESR

