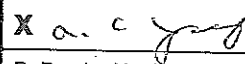

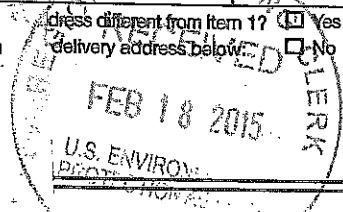



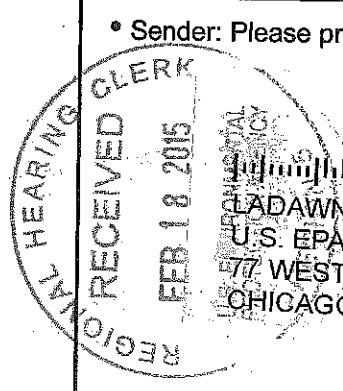
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature </p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Address</p> <p></p> <p>Jerry Wray, Director Ohio Department of Transportation 1980 West Broad Street Columbus, Ohio 43223</p> <p><i>CWA-05-2015-0004 (CAFO)</i></p>	<p>B. Received by (Printed Name) AC YERGEN</p>	<p>C. Date of Delivery FEB 18 2015</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No delivery address below</p>	
<p>PS Form 3811, February 2004</p>	<p></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>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>7009 1680 0000 7663 9569</p>

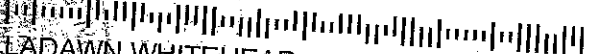
UNITED STATES POSTAL SERVICE



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

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





CLADAWN WHITEHEAD
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604

