

**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:

Erica Grant, VP of Operations  
 Atlas Resin Proppants, LLC  
 W 10899 Cherry Road  
 Merrillan, Wisconsin 54754

CAA 052015 0026 (CAFO)

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 7360

PS Form 3811, February 2004

Domestic Return Receipt

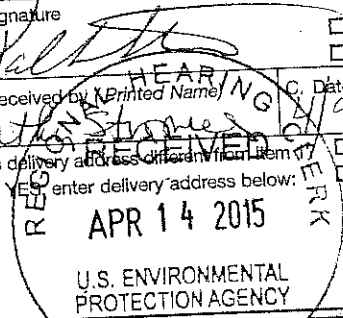
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) *KATHY STONE* C. Date of Delivery *4/14/15*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

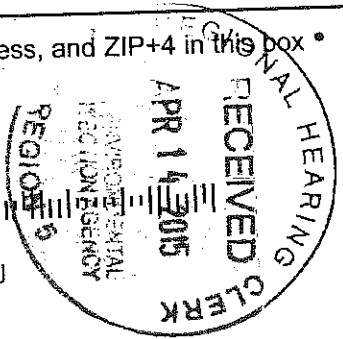
ST PAUL  
 UNITED STATES POSTAL SERVICE  
 NW 550  
 APR 15  
 PM 11



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



0604060899

