

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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

X [Signature]

- Agent
- Addressee

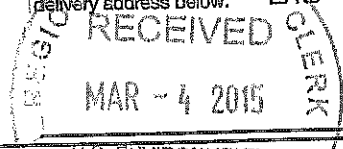
B. Received by (Printed Name)

C. Date of Delivery

3/2

Susan V. Harris
 Sidley Austin LLP
 One South Dearborn Street
 Chicago, IL 60603

Address different from item 1? Yes
 delivery address below: No



3. Service Type
- Certified Mail
 - Registered
 - Insured Mail
 - Express Mail
 - Return Receipt for Merchandise

U.S. ENVIRONMENTAL PROTECTION AGENCY

6600N 5

4. Restricted Delivery? (Extra Fee) Yes

EPCRA-05-2015-0009 (CAFO)

2. Article Number (Transfer from service label) 7009 1680 0000 7663 9538

UNITED STATES POSTAL SERVICE

IL 60604
02 MAR '15



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

