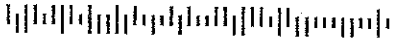


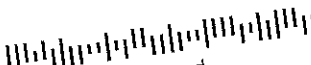
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>X [Signature]</i></p> <p>B. Received by (Printed Name) <i>Dixon W. Benz II</i></p> <p>C. Date of Delivery <i>3/2/16</i></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>
<p>1. Article Addressed to:</p> <p></p> <p>Dixon Benz II, President Benz Oil, Inc. 2724 West Hampton Avenue Milwaukee, Wisconsin 53007</p>	<p><b>RECEIVED</b> <b>MAR - 9 2016</b> U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>CAFO CWA 05 2016 0007</i></p>	<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>7011 1150 0000 2640 6615</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

UNITED STATES POSTAL SERVICE  
WI 532  
03 MAR '16

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

**RECEIVED**  
**MAR 9 2016**  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
REGION 5

*CAFO CWA 05 2016 0007*