

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 <input checked="" type="checkbox"/> Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to:	B. Received by (Printed Name) LYNN SMITH	C. Date of Delivery 1-21-14
Neal Jakel, General Manager Illinois River Energy 1900 Steward Road Rochell, Illinois 61068 CAA-05-2014-0008	D. 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 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 1680 0000 7669 6371 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E		

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Air and Radiation Division (E-19J)
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Chicago, Illinois 60604

REGIONAL HEARING CLERK
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U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5