

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:



Christopher Miller  
 Ottawa Plant Manager  
 Pikington North America, Inc.  
 300 20th Street  
 Ottawa, Illinois 61350

CAA-05-2016-0012

CAFO

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 6479

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M

Agent

Addressee

B. Received by (Printed Name)

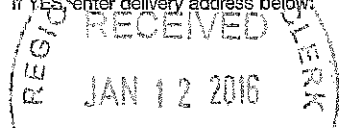
M. Whitehead

C. Date of Delivery

1/9/16

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No



3. Service Type

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

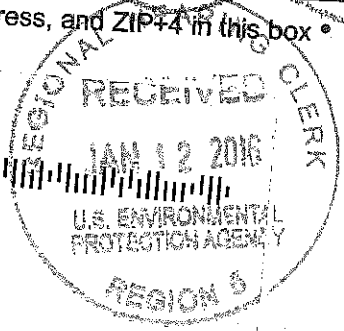
UNITED STATES POSTAL SERVICE

09 JAN 2016 799 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  
 Regional Hearing Clerk  
 U.S. EPA - Region 5  
 77 West Jackson Blvd (E-19J)  
 Chicago, IL 60604-3590



CAA-05-2016-0012

CAFO