

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address <i>X Amy Mikelofski</i></p> <p>B. Received by (Printed Name) <i>Amy Mikelofski</i></p> <p>C. Date of Delivery <i>8-9-17</i></p>
<p>1. Article Addressed to:</p> <p>Matt Tomano, Registered Agent POET Biorefining-Portland, LLC 1542 South 200 West Portland, IN 47371</p> <p>CAA-05-2017-0036</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>REGIONS RECEIVED AUG 14 2017 U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered Mail™ Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7662 6897</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
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 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

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

REGIONAL HEARING CLERK
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 AUG 14 2017
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 REGION 5

