

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 CERCLA-05-2015-0006



Mr. Cliff Braninon  
 General Manager  
 Marion Ethanol, LLC d/b/a POET Biorefining-Marion  
 1660 Hillman Ford Road  
 Marion, Ohio 43302

CARD EPCRA-05-2015-0020

2. Article Number (Transfer from service label)

7011 1158 0000 2640 4738

PS Form 3811, February 2004

Domestic Return Receipt

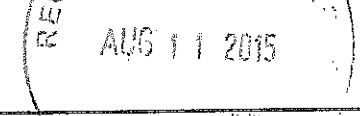
102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Address

B. Received by (Printed Name) C. Date of Delivery  
 Cliff Braninon 7-28-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

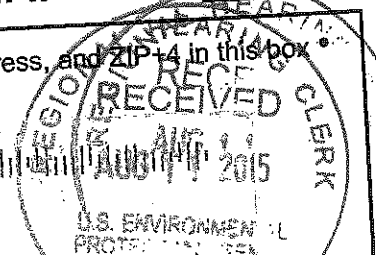
4. Restricted Delivery? (Extra Fee)  Yes



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-1911)



UNABLE TO FORWARD FOR REVIEW \*\*022\*\*

RC: 50004851105 DU #1275-01417-05-15