

SENDER: COMPLETE THIS SECTION

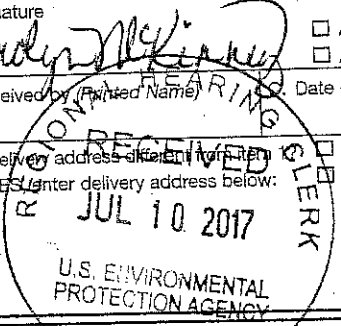
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Jonathan H. Sandoz
Consolidated Grain and Barge Co
5130 Port Road
Jeffersonville, IN 47130

CAA-05-2017-0030

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
X [Signature]
- B. Received by (Printed Name) _____ Date of Delivery _____
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____



3. Service Type Registered Certified Mail Priority Mail Express™
 Insured Mail Return Receipt for Merchandise Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8922 0072**

PS Form 3811, July 2013

Domestic Return Receipt

LOUISVILLE
 KY 400
 07 JUL '17
 PM 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 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

CAA-05-2017-0030