

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:

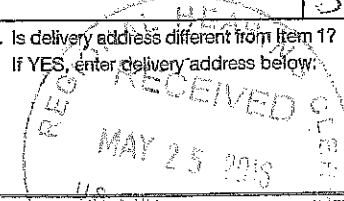
Mr. Stacy Schmidt
 Director of Corporate Hazard Management
 The Andersons Inc.
 P.O. Box 119
 480 W. Dussel Dr.
 Maumee, OH 43537

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 XT 1/20/04

B. Received by (Printed Name) C. Date of Delivery
 5-19-16

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7011 1150 0000 2640 7087

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

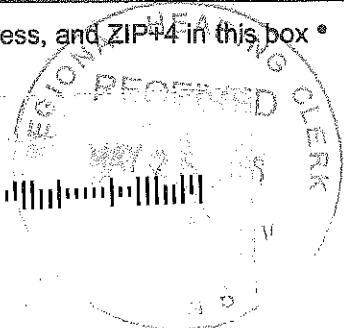
UNITED STATES POSTAL SERVICE



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-05-2016-0023