

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.

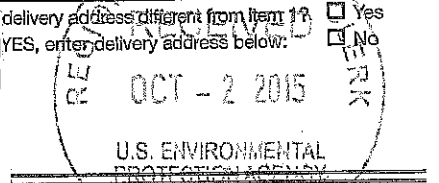
COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Address

B. Received by *[Signature]*  Agent  
 Address

C. Date of Delivery *10/2/2015*  
 Yes  
 No

delivery address different from item 1?  Yes  
 No  
 YES, enter delivery address below:  
 Brian Wanzenrie, Director of Environmental  
 The Gavilon Group  
 1331 Capitol Avenue  
 Omaha, Nebraska 68101-1106



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

CAA-05-2015-0060

CAFO

2. Article Number  
 (Transfer from service label)

7011 1150 0000 2640 4871

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

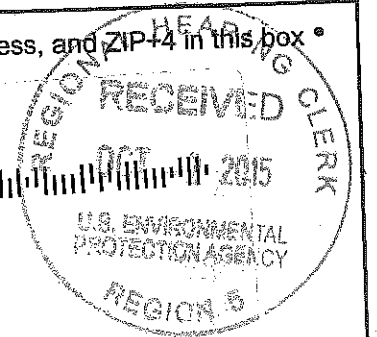
UNITED STATES POSTAL SERVICE



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  
 77 West Jackson Blvd (E-19J)  
 Chicago, IL 60604-3590



CAA-05-2015-0060

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