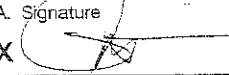
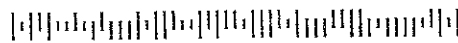
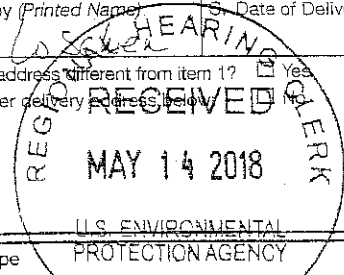
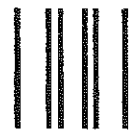


| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> X  <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Address</span></p> <p>B. Received by (Printed Name) <u>Susan L. Soren</u> <span style="float: right;">C. Date of Delivery</span></p>  |
| <p>1. Article Addressed to: <u>CAA-05-2018-0009</u></p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below <input type="checkbox"/> No</p>  |
| <br>Pat Titus<br>Safety & Regulatory Administrator<br>1509 E. University<br>Urbana, IL 61802   | <div style="text-align: center;">  </div> <p>3. Service Type <u>PROTECTION AGENCY</u></p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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<br/> (Transfer from service label)</p>  | <p><u>7009 1680 0000 7662 7412</u></p>   |

PS Form 3811, July 2013

Domestic Return Receipt


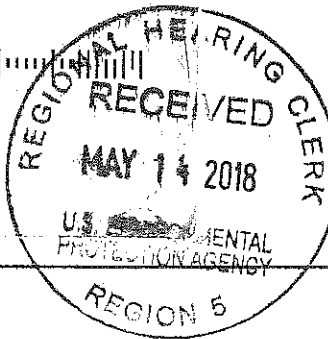
UNITED STATES POSTAL SERVICE



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

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

CAA-05-2018-0009

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