
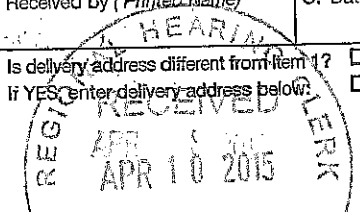


| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |
| 1. Article Addressed to:<br><br><br>Anthony Koblinski, President<br>Madison-Kipp Corporation<br>P.O. Box 8043<br>Madison, Wisconsin 53708-8043   | B. Received by (Printed Name) _____<br>C. Date of Delivery: _____   |
| CAA-05-2015-0027   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>if YES, enter delivery address below: <input type="checkbox"/> No<br><br>  |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type: PROTECTION AGENCY<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br><br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| PS Form 3811, February 2004  | Domestic Return Receipt <span style="float: right;">102595-02-M-15</span><br><div style="font-size: 2em; font-family: cursive;">7011 1150 0000 2640 7384</div>  |

UNITED STATES POSTAL SERVICE


7011 1150

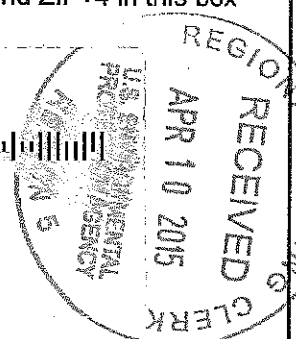
08 APR 15



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  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604



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