

SENDER: COMPLETE THIS SECTION

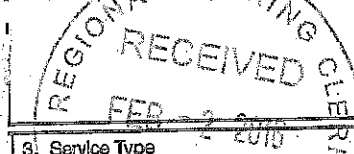
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Albert M. Bower
 Smith Amundsen LLC
 150 North Michigan Avenue, Suite 3300
 Chicago, Illinois 60601

COMPLETE THIS SECTION ON DELIVERY

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



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

4. Restricted Delivery? (Extra Fee) Yes

CWA-05-2016-0001 (CAFO)

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 6486

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

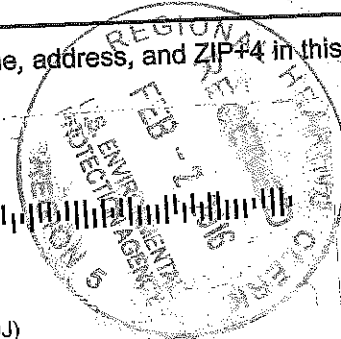
UNITED STATES POSTAL SERVICE



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



CAFO

CWA 05 2016 0001