


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION (ON DELIVERY)
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>[Date]</i></p>
<p>1. A</p>  <p>Michelle Gale Sr. Legal Counsel Waste Management of Minnesota, Inc. 720 East Butterfield Road Lombard, Illinois 60148</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>(ESA) EPCRA-05-2017-0013</p> <p>2. Article Number (Transfer from service label)</p>	<p>7009 1680 0000 7647 3974</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

UNITED STATES POSTAL SERVICE

IL 6011

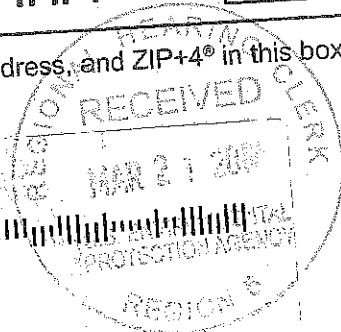
17 MAR 17



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



EPCRA-05-2017-0013