

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:

William J Stahler
 Risk and Regulatory Manager
 Grainco FS, Inc.
 3107 North State Route 23
 Ottawa, Illinois 61350

CAA-05-2015-0040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent
 Addressee

B. Received by (Printed Name)

Simon Hamnath

C. Date of Delivery

6/29/15

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
 JUN 22 2015
 REGION 5 CLERK
 E Etha

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 4666

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

REGION 5 CLERK



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

19 JUN 2015 PM 2 L

• 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

