

**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: **CAA-05-2018-0025**

**Joe Mikolic, Operations Manager  
Interstate Chemical Company, Inc.  
23247 West Eames Street  
Channahon, IL 60410**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address:  
*Joe Mikolic*

B. Received by (Printed Name) C. Date of Delivery  
**Joe Mikolic** **10/11/18**

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

3. Service Type **U.S. E-MAIL**  
 Certified Mail®  Registered Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



Article Number **7011 1150 0000 2643 7374**  
 (Transfer from service label)  
 811, 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-05-2018-0025**

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

