

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

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY
Mr. John Johnson, President
CHS Inc.
5500 Cenex Drive
Dakota, Minnesota 55077

2. Article Number
(Transfer from service label)

7001 0320 0006 1562 3297

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

1-16

C. Signature

X

Mary Knack

Agent

Addressee

D. Is delivery address different from item 1?
if YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchant

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-01-M-1