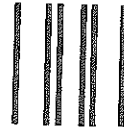


<p>SENDER INFORMATION</p> <p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>RECIPIENT INFORMATION</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>F. Received by (Print name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1</p> <p>Paul Beckhusen, Director Coldwater Board of Public Utilities WTP One Grand Street Coldwater, Michigan 49036</p> <p>CAA-05-2017-0011</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Guaranteed Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 0328 0006 0188 0529</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>

GRAND RAPIDS
UNITED STATES POSTAL SERVICE
MICHIGAN
17 FEB 17
PM 3:1



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

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

CAA-05-2017-0011