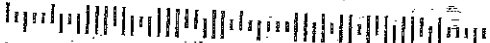


Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *Ronnie Rutledge* Agent Addressee
 B. Received by (Printed Name) *Ronnie Rutledge* C. Date of Delivery *2/12/05*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

1. Article Addressed to:

 Terry McNamara, General Manager
 Consumers Coop Association
 511 Polly Dome Drive
 Litchfield, Minnesota 55355


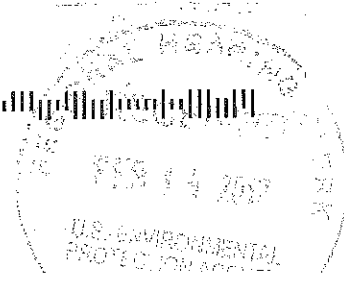
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail G.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

EPCRA-05-2017-0005
 2. Article Number
 (Transfer from service label) *7011 1150 0000 2640 6936*

UNITED STATES POSTAL SERVICE
 10 FEB '05
 PM 5 L



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-05-2017-0005