

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

John Hiller
 Director of Risk Management
 Prairie Farms Dairy, Inc.
 1100 Broadway Street
 Carlinville, IL 62626

CAA-05-2017-0037

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 6910

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

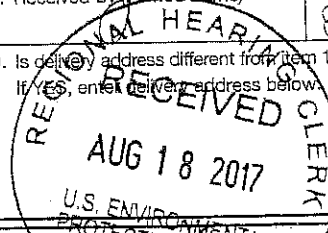
A. Signature Agent Address
 X *John Bearden*

B. Received by (Printed Name) Agent Address
 C. Date of Delivery 8/11/17

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

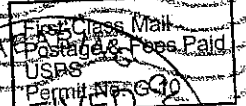
3. Service Type Registered Mail® Priority Mail Express™
 Insured Mail Return Receipt for Merchandise Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



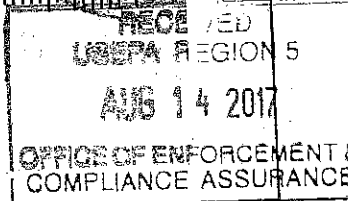
UNITED STATES POSTAL SERVICE

21 AUG 2017



• 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



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