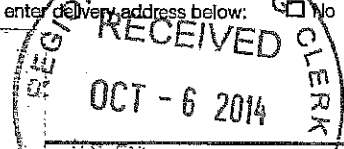


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Deb Reynolds <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Deb Reynolds</p> <p>C. Date of Delivery 10-3-14</p>
1. Article Addressed to:	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>Bruce Schwiebert, Technical Manager POET Biorefining - Leipsic 3875 State Route 65 Leipsic, Ohio 45856</p>	
2. Article Number (Transfer from service label)	<p>7009 1680 0000 7663 9453</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



U.S. ENVIRONMENTAL PROTECTION AGENCY
 Mail Express Mail
 Return Receipt for Merchandise
 Insured Mail G.O.D.N.

UNITED STATES POSTAL SERVICE
 03 OCT 14
 PM 7 L



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ATTN: Ladawn Whitehead
 U.S. Environmental Protection Agency
 Air and Radiation Division (E-19)
 77 West Jackson Blvd.
 Chicago, Illinois 60604

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 REGIONAL HEARING CENTER

