

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:

Patrick Calder
House of Flavors
110 North William Street
Ludington, Michigan 49431

CAA-05-2016-0015

2. Article Number
(Transfer from service label)

7011 1150 0000 3640 65

PS Form 3811, February 2004

Domestic Return Receipt

102595

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Patrick Calder

B. Received by (Printed Name)

Patrick Calder

C. Date of

FEB 9 2016

D. Is delivery address different from Item 1?

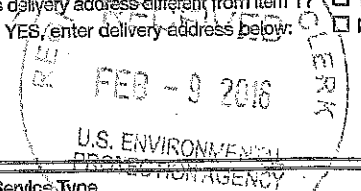
If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Y

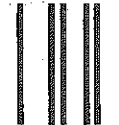


UNITED STATES POSTAL SERVICE

41 095

04 FEB 16

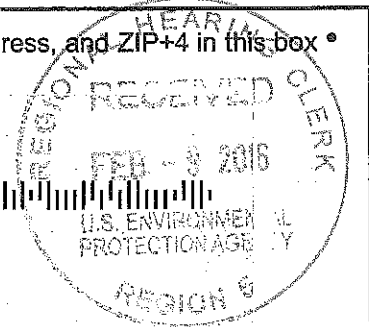
PM 5L



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
77 West Jackson Blvd (E-19J)
Chicago, IL 60604-3590



CAA-05-2016-0015