

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: **CAA-05-2018-0002**



Michael Kelly
 Director of Plant Operations
 Home Run Inn
 1300 Internationale Parkway
 Woodridge, IL 60517

2. Article Number
(Transfer from service label)

70091680 0000 7662 7153

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

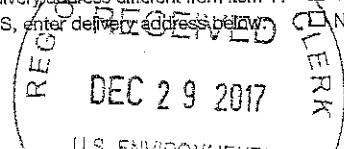
A. Signature
 Agent
 Address

X *Pat Wesson*

B. Received by (Printed Name)
PAT WESSON

C. Date of Delivery
12-20-17

D. Is delivery address different from item #? Yes
 If YES, enter delivery address below: No



3. Service Type: **PROTECTION AGENCY**

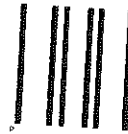
Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

IL 604

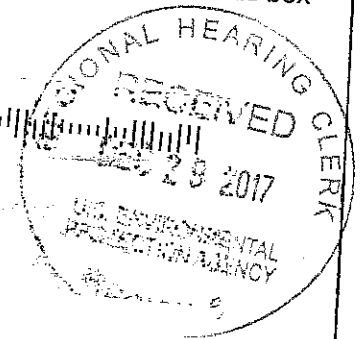
20 DEC 27



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



CAA-05-2018-0002