

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent</p> <p><i>X Kevin A. Keenan</i> <input checked="" type="checkbox"/> Address</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Kevin A. Keenan</i> <i>6/15/15</i></p>
<p>Arthur Thomas, General Manager POET Biorefining – Fostoria 2111 Sandusky Street Fostoria, Ohio 44830</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="text-align: center;">JUN 19 2015 ENVIRONMENTAL PROTECTION AGENCY REGION 5</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>CAA-05-2015-0032</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7011 1150 0000 2640 5373</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

UNITED STATES POSTAL SERVICE
 OH 440
 15 JUN '15
 PM 3 1

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-19J)
 77 West Jackson Blvd.
 Chicago, Illinois 60604

REGIONAL HEARING CLERK
 RECEIVED
 JUN 19 2015
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5

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