

# FILED

Sep 05, 2024

10:31 am

U.S. EPA REGION 5  
HEARING CLERK

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

CHARLIE NEWELL  
c/o MINNESOTA FREEZER  
WAREHOUSE COMPANY  
1907 14TH STREET  
AUSTIN MN 55912



9590 9402 5673 9308 0080 87

2 Article Number (Transfer from service label)

7019 2970 0001 2368 8803

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee  
*Matthew Koell*

B. Received by (Printed Name)

*Matthew Koell*

C. Date of Delivery

*9/2/24*

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery