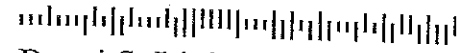


**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  Agent  
 Address:  
 Received by (Printed Name)  Date of Delivery  
 Penni S. Livingston 4/7/18  
 B. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below  No

1.   
 Penni S. Livingston  
 Livingston Law Firm  
 690 Pleasant Ridge Road  
 Fairview Heights, IL 62208

3. Service Type  Certified Mail®  Priority Mail Express™  
 Registered Mail®  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes


CWA 05 2018 0004 (CAFO)  
 2. Article Number (Transfer from service label) 7009 1680 0000 7662 7337

ST. LOUIS  
 UNITED STATES POSTAL SERVICE  
 07 APR 18  
 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 •

REGIONAL HEARING CLERK  
 RECEIVED  
 APR 11 2018  
 U.S. ENVIRONMENTAL  
 PROTECTION AGENCY  
 REGION 5



LADAWN WHITEHEAD  
 REGIONAL HEARING CLERK  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604

CWA-05-2018-0004 (CAFO)