

**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.

Mr. Jerry Helton  
 Controller  
 Illiana Transit Warehouse Corporation  
 700 State Street  
 Calumet City, Illinois 60409

**FIFRA-05-2018-0023**

2. Article Number  
 (Transfer from service label) **7009 1680 0000 7662 7368**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Jerry Helton*  Agent  Address

By (Printed Name) *JERRY HELTON* Date of Delivery *4/17/18*

Address different from item or delivery address below?  Yes  No

**RECEIVED CLERK**  
 APR 17 2018  
 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 REGION 5

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

4. Restricted Delivery? (Extra Fee)  Yes

5 SUBURBAN  
 UNITED STATES POSTAL SERVICE  
 11 APR 2018  
 PM 11

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

**RECEIVED CLERK**  
 APR 17 2018  
 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 REGION 5

LADAWN WHITEHEAD  
 REGIONAL HEARING CLERK  
 U.S. EPA REGION 5 - E190  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604

**FIFRA-05-2018-0023**