


**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:

  
 Cliff Brannon  
 General Manager  
 POET Biorefining - Marion  
 1660 Hillman-Ford Road  
 Marion, Ohio 43302

CAA-05-2015-0044

2. Article Number  
(Transfer from service label)

7011 1150 0000 2640 4703

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Address

B. Received by (Printed Name) C. Date of Delivery 7-6-15

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery (Extra Fee)  Yes

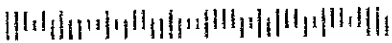
UNITED STATES POSTAL SERVICE

CHI 930  
06 JUL '15



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  
 Regional Hearing Clerk  
 U.S. EPA - Region 5  
 77 West Jackson Blvd (E-19J)  
 Chicago, IL 60604-3590

