

SENDER'S RESPONSIBILITIES/INSTRUCTIONS

- 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.

COMPLETING THIS SECTION IS NECESSARY

A. Signature *Rich Weber* Agent Address

B. Received by (Printed Name) *Rich Weber* C. Date of Delivery *2-10-17*

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

1. Article Addressed to:

Steven Skallerud
Secretary and Treasurer/Chief Financial Officer
Huls Bros. Trucking, Inc.
13266 Collegeville Road
St. Joseph, Minnesota 56374

3. Service Type:

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail O.D.D.

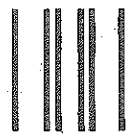
4. Restricted Delivery? (Extra Fee) Yes No

EPCRA-05-2017-0004

2. Article Number (Transfer from service label) *7011 1150 0000 2640 7049*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

UNITED STATES POSTAL SERVICE
FEB 13 2017



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

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

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

FEB 13 2017

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