

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	1. Article Addressed to: CAA-05-2010-0058 Allen T. Lake, Owner Lake's Farm Service, LLC 54300 Walnut Road New Carlisle, Indiana 46522	
2. Article Number (Transfer from service label)	7001 0320 0006 0188 0239	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

RECEIVED

DEC 29 2010

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	1. Article Addressed to: CAA-05-2010-0058 Michael J. Schmidt 4101 Edison Lakes Parkway Suite 100 Mishawaka, IN 46545-3441	
2. Article Number (Transfer from service label)	7001 0320 0006 0188 0222	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

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REGIONAL HEARING CLERK
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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Sent To	Allen T. Lake, Owner Lake's Farm Service, LLC 54300 Walnut Road New Carlisle, Indiana 46522
Street, Apt. or PO Box #	
City, State, ZIP+4	
PS Form 3800, January 2001 See Reverse for Instructions	

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PROTECTION AGENCY

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Sent To	Michael J. Schmidt 4101 Edison Lakes Parkway Suite 100 Mishawaka, IN 46545-3441
Street, Apt. or PO Box #	
City, State, ZIP+4	
PS Form 3800, January 2001 See Reverse for Instructions	

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