
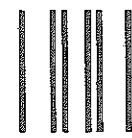


SENDER - COMPLETE THIS SECTION	CONTINUE TO THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Robert Brooks</i> C. Date of Delivery <i>2/19/17</i></p>
<p>1. Article Addressed to:</p> <p></p> <p>Mark Madsen, Vice President Manufacturing, North America Ingredion Incorporated 5 Westbrook Corporate Center Westchester, Illinois 60154</p> <p><i>CWA 05 2017 0003</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <i>010</i></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7001 0320 0006 0188 0581</i></p>	<p>U.S. MAIL</p>


PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

UNITED STATES POSTAL SERVICE
IL 001
09 FEB 17
774 11 1

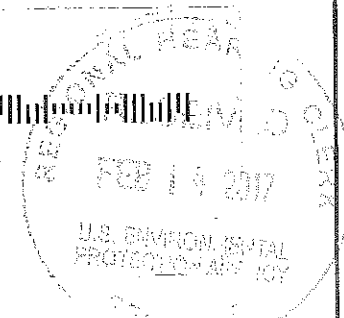


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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



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



CWA 05 2017 0003