

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:

Dennis Gavin, Owner  
 Caledonia Haulers, Inc.  
 420 W. Lincoln Street  
 Caledonia, MN 55921

EPCRA-05-2017-0010

2. Article Number:

(Transfer from se 7001 0320 0006 0188 0468

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

2-21-17

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



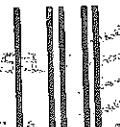
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

21 FEB 2017 PM 6 L

• 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

