

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:



Jay Strong
 Vice-President and General Manager
 Effort Enterprises of Indiana, Inc.
 9967 Westpoint Drive
 Indianapolis, Indiana 46256

CWA 05 2016 0016

CAFO

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 7230

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jay Strong*

- Agent
- Address

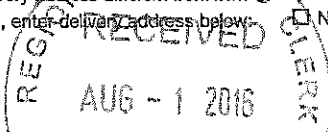
B. Received by (Printed Name)

JAY STRONG

C. Date of Delivery

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 G.O.D.

4. Restricted Delivery? (Extra Fee) Yes

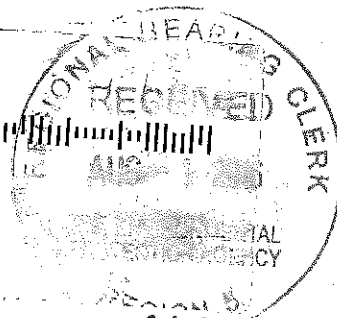
IN 450
UNITED STATES POSTAL SERVICE
PM 41



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-05-2016-0016

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