
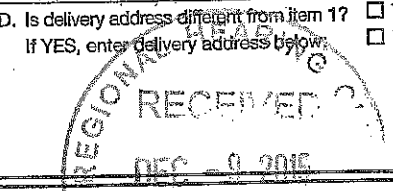
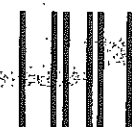


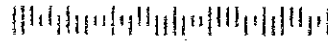
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <i>Nancy Rocca</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <i>NANCY ROCCA</i> C. Date of Delivery <i>12-7-15</i> 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:  Donald R. Hebert Engineering Manager Dawn Food Products, Inc. 1340 Sycamore Road Manteno, Illinois 60950 CAA-05-2016-0007 (ESA)	 3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7011 115D 0000 2640 7490 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E	

UNITED STATES POSTAL SERVICE



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
77 West Jackson Blvd (E-19J)
Chicago, IL 60604-3590

CAA-05-2016-0007 (ESA)

