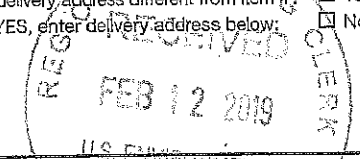


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x [Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Mendia Duteau</i> C. Date of Delivery <i>12-27-15</i></p>
<p>1. Article Addressed to: <i>CAA 05 20190007</i></p> <p><b>Charles Liapes</b>  <b>Environmental Health &amp; Safety Manager</b>  <b>Iroquois Bio-Energy Company, LLC</b>  <b>751 West State Road 114</b>  <b>Rensselaer, IN 47978</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (transfer from service label) <i>7011 1150 0000 2643 7466</i></p>	<p>PS Form 3811, July 2013 Domestic Return Receipt</p>



UNITED STATES POSTAL SERVICE

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• 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

*CAA-05-2019-0007*

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