

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>M. J. Hubbard</i> B. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Mr. Robert Christian Chief Operating Officer Columbian Distribution Services, Inc. 900 Hall Street, S.W. Wyoming, Michigan 49503</p> </div> <p><i>EPCRA-05-2011-0012</i></p>	<p>C. Signature <i>M. J. Hubbard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 2em;">RECEIVED</p> <p style="text-align: center; color: red; font-weight: bold;">MAR 04 2011</p> <p style="text-align: center; color: red; font-weight: bold;">REGIONAL HEARING CLERK</p>
<p>2. Article Number (Transfer from service label) <i>7009 1680 0000 7660 5212</i></p>	<p>3. Service Type <b>USEPA REGION 5</b></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>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p> <p><i>SC-53 J. Entzminger</i></p>	

U.S. Postal Service <sup>TM</sup> *SC-53*  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

<p>Postage <i>2.80</i></p> <p>Certified Fee <i>2.30</i></p> <p>Return Receipt Fee (Endorsement Required) <i>2.30</i></p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees <b>\$USEPA 6.49</b></p>	<p style="font-size: 2em; color: red; font-weight: bold;">RECEIVED</p> <p style="color: red; font-weight: bold;">MAR 04 2011</p> <p style="color: red; font-weight: bold;">REGIONAL HEARING CLERK</p> <p style="color: red; font-weight: bold;">REGION 5</p>	<p style="font-size: 2em; color: red; font-weight: bold;">D</p> <p style="color: red; font-weight: bold;">LOOP STATION 60604-9666</p> <p style="color: red; font-weight: bold;">FEB 4 2011</p> <p style="color: red; font-weight: bold;">Postmark Here</p>
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Sent To

Mr. Robert Christian  
Chief Operating Officer  
Columbian Distribution Services, Inc.  
900 Hall Street, S.W.  
Wyoming, Michigan 49503

PS Form 3800, August 2008 See Reverse for Instructions