

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- 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.

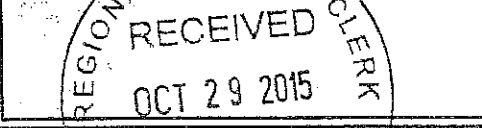
1. Article Addressed to:

Richard W. Sobalvarro
 Rajkowski Hansmeier Ltd.
 11 7th Avenue North
 P.O. Box 1433
 St. Cloud, Minnesota 56302

A. Signature: *[Handwritten Signature]* Agent Address

B. Received by (Printed Name): *Brian Neuman* C. Date of Delivery: *10/26/15*

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



3. Service Type: Certified Mail Registered Mail Return Receipt for Merchandise Insured Mail C.O.D.

Restricted Delivery (Extra Fee) Yes

MM-05-2016-0001 EPCRA-05-2016-0002

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 4345

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

MINNEAPOLIS
 UNITED STATES POSTAL SERVICE
 MN 554
 26 OCT '15
 PM 5:1



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

CERCLA-05-2016-0001

MM-05-2016-0001

EPCRA-05-2016-0002