


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:

  
 Gary Korum, Operations Manager  
 Como Park Conservatory  
 1325 Aida Place  
 St. Paul, MN 55102

EPCRA-05-2017-0007

2. Article Number

(Transfer from service label)

7001 0320 0006 1888 0505

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

*[Handwritten Name]*

2/17/17

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

RECEIVED  
 100 Hamline Ave  
 FEB 17 2017

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes


UNITED STATES POSTAL SERVICE

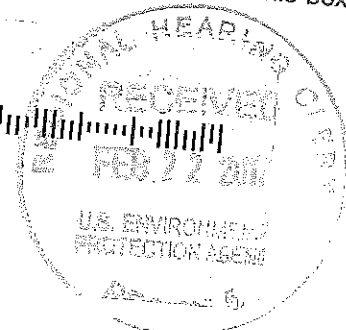
ST PAUL  
MN 55102  
17 FEB 17  
PM 11



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



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