

SENDER: 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.

Patrick Kritzer, Owner
 Kritzer Oil Co. - Bulk Plant
 501 S. State Street
 Waseca, Minnesota 56093

EPCRA-05-2017-0020

2. Article Number
(Transfer from service label)

7001 0320 0005 8922 0102

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

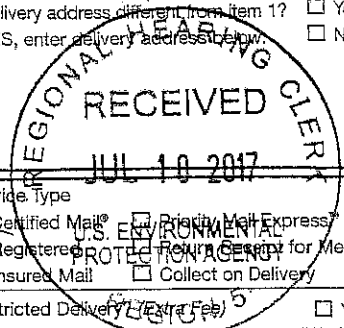
A. Signature Agent
 Address

B. Received By (Printed Name) Patrick Kritzer C. Date of Delivery 6/29/17

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

3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Mail® Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery (Extra Fee) Yes



UNITED STATES POSTAL SERVICE
 MINNEAPOLIS MN 554
 29 JUN '17
 7421



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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