

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.

A. Signature Agent
 X *[Signature]* Address

B. Received by (Printed Name) C. Date of Delivery
 _____ 7/23/15

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

1. Article Addressed to:
 Bill Cooper, Health and Safety Director
 Illinois-American Water Company
 7500 N. Harker Drive
 Peoria, Illinois 61615

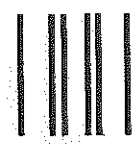
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CAA-05-2015-0049

2. Article Number
 (Transfer from service label) 7011 1150 0000 2640 4741

UNITED STATES POSTAL SERVICE



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

REGIONAL HEARING CLERK
 RECEIVED
 JUL 28 2015
 ENVIRONMENTAL PROTECTION AGENCY
 REGION 5