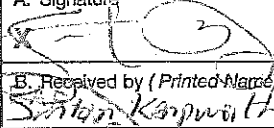


SENDER: COMPLETE THIS SECTION


COMPLETE THIS SECTION ON DELIVERY

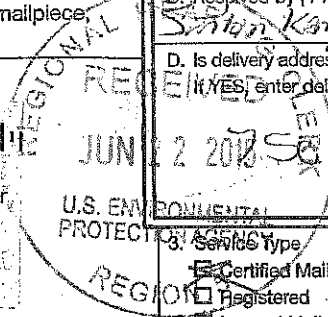
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature   Agent  Addressee

B. Received by (Printed Name) Sharon Kapurath C. Date of Delivery 6/19/15

1. Article Addressed to:

  
 William J Stahler  
 Risk and Regulatory Manager  
 Grainco FS, Inc.  
 3107 North State Route 23  
 Ottawa, Illinois 61350



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

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

CAA-05-2015-0039

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

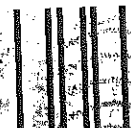
7011 1150 0000 2640 4673

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

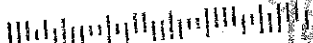
UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

19 JUN 2015 PM 2-11

• 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

