

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, or on the front if space permits.

1. Article Addressed to:

Mr. Pete Larson
 Plant Manager
 International Bildrite, Inc.
 101 4th Street East
 International Falls, Minnesota 56649

CAFO

TSCA-05-2016-0007

2. Article Number

(Transfer from service label)

7011 1150 0000 2640 7131

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mittie Pearson* Agent Addressee

B. Received by (Printed Name)

Mittie Pearson

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below

Yes

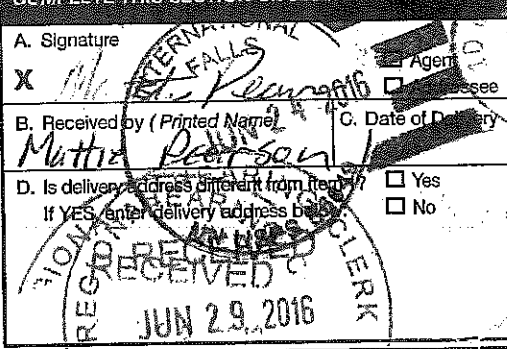
No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

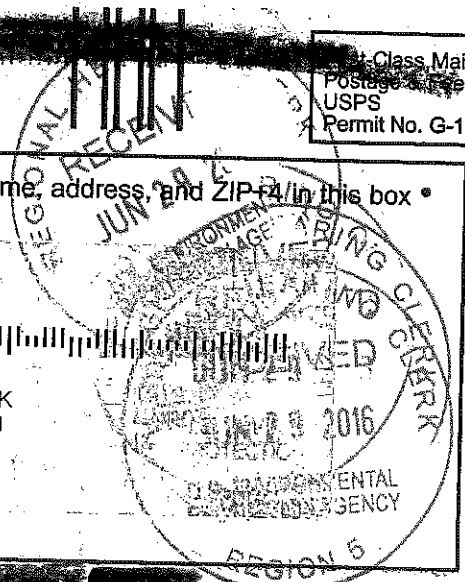


UNITED STATES

First-Class Mail
 Postage and 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



CAFO

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