


SENDERS - 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:

  
 Jeffrey Todd  
 Director of Plant Services  
 Riverview Healthcare  
 323 S. Minnesota Street  
 Crookston, MN 56716

EPCRA-05-2017-0006

2. Article Number  
(Transfer from service label)

7001 0320 0006 1800 0512

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

ADDRESSEE - COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name)  Date of Delivery

D. Is delivery address different from item 1?  Yes  No

FEB 22 2007  
 U.S. ENVIRONMENTAL PROTECTION AGENCY

3. Service Type

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


4. Restricted Delivery? (Extra Fee)  Yes

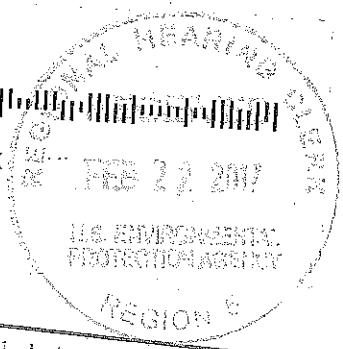
UNITED STATES POSTAL SERVICE



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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