

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>Chris Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <i>Chris Davis</i> C. Date of Delivery <i>12-20-18</i>
1. Article Addressed to: CAA-05-2019-0005 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> Mr. Brett Ripple Branch Manager Nelson Oil Co., Inc. 4001 North Walnut Street Road Springfield, IL 62707 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 100px; margin: 10px auto;"> RECEIVED DEC 23 2018 REGIONAL ENVIRONMENTAL PROTECTION AGENCY </div> 3. Service Type (Print or Type) <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail™ <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label) 7011 1150 0000 2643 7435	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, July 2013

Domestic Return Receipt

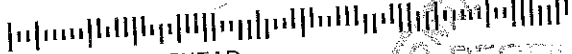
UNITED STATES POSTAL SERVICE

SPRINGFIELD, IL 62701

21 DEC 2018 PM 3:11

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

CAA-05-2019-0005


 LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

RECEIVED
 DEC 21 2018

