
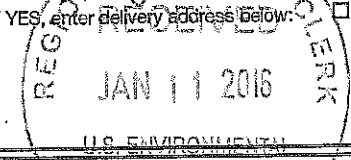



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>X <i>Brenda Selinger</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">  Jamie Southard Safety & Regulatory Director Effingham Equity, Inc. 201 West Roadway Effingham, Illinois 62401 </p> <p style="text-align: center;">CAA-05-2016-0011 <i>CAFO</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Brenda Selinger</i> <i>1/11/16</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">  </p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;"><i>701115000026406462</i></p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>

UNITED STATES POSTAL SERVICE

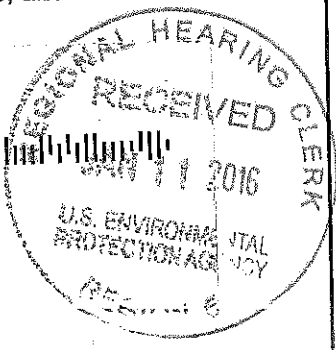


First-Class Mail
 Postage & Fees Paid
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 Permit No. G-10

* 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

CAFO



CAA-05-2016-0011