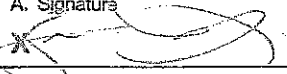




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Handwritten Name]</p> <p>C. Date of Delivery [Handwritten Date]</p>
<p>1. Article Addressed to:</p>  <p>William J Stahler Risk and Regulatory Manager Grainco FS, Inc. 3107 North State Route 23 Ottawa, Illinois 61350</p> <p>CAA-05-2015-0041</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 [Handwritten Address]</p> <p>U.S. ENVIRONMENTAL PROTECTION AGENCY</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"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7011 1150 0000 2640 4659</p>	
PS Form 3811, February 2004	Domestic Return Receipt

UNITED STATES POSTAL SERVICE
 PEORIA, IL 61601
 19 JUN 2015 PM 2 L
 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
 77 West Jackson Blvd (E-19J)
 Chicago, IL 60604-3590

