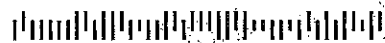
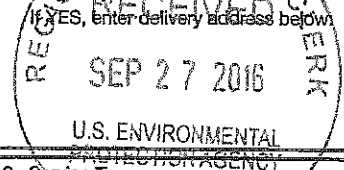



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Dawn Anderson <input type="checkbox"/> Age <input type="checkbox"/> Add</p> <p>B. Received by (Printed Name) Dawn Anderson</p> <p>C. Date of Delivery 9.27.16</p>
<p>1. Recipient Address</p> <p>  Gary Fehn Fehn Companies 5050 Bartell Albertville, Minnesota 55301 </p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> <p>  </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)</p> <p>CWA05 2016 0018 (CAF)</p>	<p>7011 1150 0000 2640 6851</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02</p>	

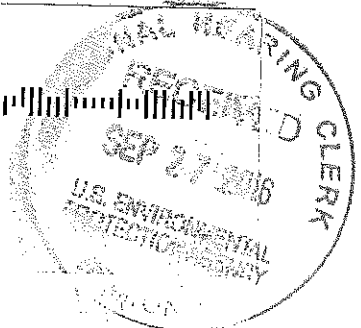
UNITED STATES POSTAL SERVICE
MINNEAPOLIS MN 554
23 SEP '16
PM 2 L



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 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604



CWA05 2016 0018