


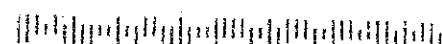
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Karl Koop</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Number  Steve Pittman, General Manager D/B/A POET Biorefining- North Manchester 868 East 800 North North Manchester, Indiana 46962	B. Received by (Printed Name) <i>Karl Koop</i>	C. Date of Delivery <i>12-24-15</i>	
2. Article Number (Transfer from service label) CAA-05-2016-0008 <i>CAFD</i>	3. Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below: U.S. ENVIRONMENTAL PROTECTION AGENCY <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 checked="" type="checkbox"/> G.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004		Domestic Return Receipt	102595-02-M-15

UNITED STATES POSTAL SERVICE
 21 DEC 15
 PM 11



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

CAA-05-2016-0008 *CAFD*

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