

RECEIVED BY SIGNATURE (PRINT NAME)

POSTAGE PAID PERMIT NO. G-10

- 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 Agent
 Addressed

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

Edward Kodada
 Operations Manager
 Despatch Industries, Inc.
 8860 207th Street W
 Lakeville, MN 55102

3. Service Type: Priority Mail Agency

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

EPCRA-05-2017-0009

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from serv) 7001 0320 0006 0188 0482

UNITED STATES POSTAL SERVICE
 ST PAUL, MN 55101

21 FEB 2017 PM 5T

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

REGIONAL HEARING CLERK
 FEB 20 2017
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 REGION 5