

SENDER: COMPLETE THIS SECTION

- 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.

Patrick J. Sweeney
 Attorney for the City of Blaine
 1809 Northwestern Avenue
 Stillwater, Minnesota 55082

CWA 05 2016 0019 Answer

2. Article Number
 (Transfer from service label)

7011 1150 0000 2640 6837

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

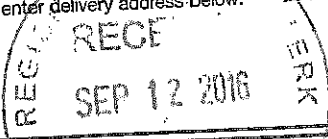
B. Received by (Printed Name) *Sweeney*

C. Date of Delivery *9-6*

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

3. Service Type U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5
 Certified Mail Registered Mail Return Receipt for Merchandise
 Insured Mail

4. Restricted Delivery? (Extra Fee) Yes



UNITED STATES POSTAL SERVICE

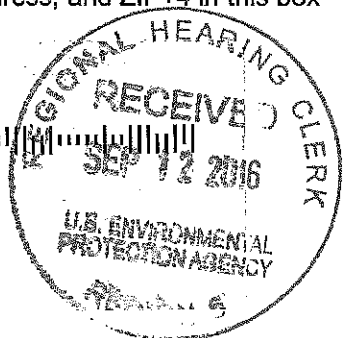
ST. PAUL, MN 551

05 SEP 2016 PM 5 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



Copy of Answer

CWA 05 2016 0019