| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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. Received by (Please Print Clearly) B. Date of Delive C. Signature Agent Addresse |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | RECEIVED |
| Mr. Allen T. Lake, Owner Lake's Farms Service, LLC | WE OF THE STATE OF |
| 54300 Walnut Road | 3. Service Type NOV 2 1 2011 |
| New Carlisle, Indiana 46552 | Certified Mail Express Mail |
| | ☐ RegisREGIONALRHEARING (@LERKandise ☐ Insured Mis. ENVIRONMENTAL |
| CAA-05-2010-0058 | 4. Restricted Delivery February AGENCY Yes |
| 2. Article Number | |
| Citatisiei from service label) | |
| PS Form 3811, March 2001 Domestic Return 55 - 5 7 G. Chomyeir | rn Receipt 102595-01-M-14 |
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| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | Elizabeth Fronowith 11/10/ |
| so that we can return the card to you. | C. Signature |
| Attach this card to the back of the mailpiece, or on the front if space permits. | X Clinabell Monoral - Addres |
| Article Addressed to: | D. Is delivery address different from item 1? |
| Mr. Michael J. Schmidt | |
| Krieg DeVault | MEGEINEW |
| 4101 Edison Lakes Parkway | '/) |
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| | NOV 21 2011 |
| Suite 100 | 3. Service Type |
| | 3. Service Type TREGISMAL HEAVING CERKMERCHANG REGISTERNIS CHARACTER Merchand |
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| Suite 100 Mishawaka, Indiana 46545-3441 | 3. Service Type Reterred Note Hearing Control |
| Suite 100 Mishawaka, Indiana 46545-3441 CAA-05-2010-0058 | 3. Service Type Service Type |
| Suite 100 Mishawaka, Indiana 46545-3441 CAA-05-2010-0058 2. Article Number (Transfer from service label) | 3. Service Type ARECICHAL HEARTHS Mail PRESIDENT SERVICE TO Merchand PRESIDENCY PRESIDE |