SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery Shannon Lentz 6/10/0
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.	C. Signature  X Photo C Laborator Agent Addressee
Article Addressed to:	D. is partiery address different from item 12 Ves
Mr. James C. Chen	REGIONAL HEARING CLERK U.S. ENVIRONMENTAL U.S. TON AGENCY
Crowell & Moring, LLC	3. Service Type
1001 Pennsylvania ave. NW	☐ Certified Maii ☐ Express Maii
Washington, D.C. 20004	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
FIFRA-05-2010-0017	4. Restricted Delivery? (Extra Fee) ☐ Yes
	0000 7667 2313
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424