


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.

1. 
 Mr. Joe Ervin
 Vice President
 Multi-Pack, LLC
 8372 North Steven Road
 Milwaukee, Minnesota 53223

FIFRA-05-2017-0041

2. Article Number
 (Transfer from service label)

7001 0320 0005 8922 0126

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

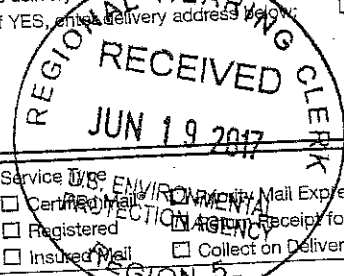
A. Signature Agent
 X *Tina Hintze* Address

B. Received by (Printed Name) Date of Delivery
 Tina Hintze JUN 14 2017

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

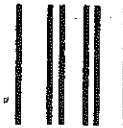
3. Service Type Certified Mail Registered Insured Mail Collect on Delivery
 Registered Mail Registered Mail Express™ Receipt for Merchandise

4. Restricted Delivery (Extra Fee) Yes




MILWAUKEE
UNITED STATES POSTAL SERVICE

15 JUN 17
PM 3:1



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

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