

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...



Mr. Gary Mathias
 Owner
 Mathias Seed & Chemical
 5074 Blue Mound Road
 Macon, Illinois 62544

FIFRA-05-2017-0045

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Address

B. Received by (Printed Name) *G. HEARNS* C. Date of Delivery *8-4-17*

D. Is delivery address different from item 1? Yes
 No

YES, enter delivery address below:
2 AUG - 8 2017

U.S. ENVIRONMENTAL PROTECTION AGENCY

3. Service Type *REGION 5*
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 6873

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE ELO 10

04 AUG 2017 PM

First-Class Mail
 Postage & Fees Paid
 USPS
 Permt. 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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