

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Wayne P. Lorek
 Thetford Corporation
 P.O. Box 1285
 Ann Arbor, Michigan 48106

FIFRA-05-2015-0027

CAFO

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8296

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

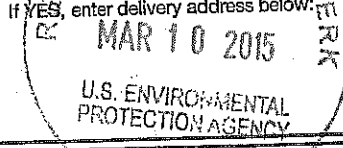
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 DEAN JONES

C. Date of Delivery
 3/10/15

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



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

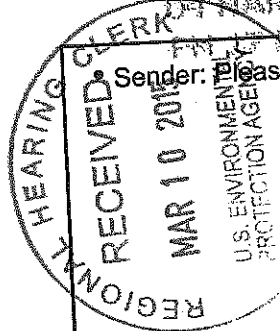
UNITED STATES POSTAL SERVICE

MI 480

MAR 15



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10



Sender: Please print your name, address, and ZIP+4 in this box •

Regional Hearing Clerk (E-19J)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago, Illinois 60604