

UNITED STATES POSTAL SERVICE

MAY 14

PM 31



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



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. Article Addressed to:

Mr. Peter Tester
Ecolab, Inc.
370 Wabash St. North
St. Paul, Minnesota 55102-1390

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John A. Hill

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number
(Transfer from service label)

7009 1680 0000 7649 4861

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

