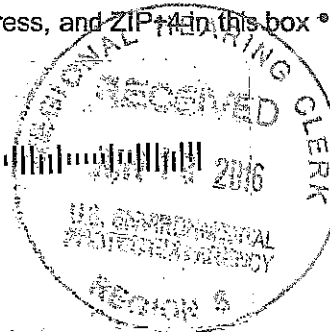


Sender: Please print your name, address, and ZIP+4 in this box

LADAWN WHITEHEAD
REGIONAL HEARING CLERK
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604



FIFRA-05-2016-0011

CAFO

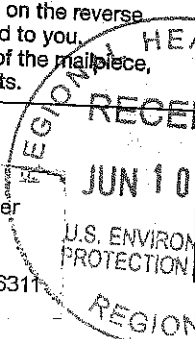
SENDER: COMPLETE THIS SECTION

- 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. Boone Carlson
V. P. General Manager
Barrett Farm Supply
501 Soo Lane
Barrett, Minnesota 56311

FIFRA-05-2016-0011



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COMPLETE THIS SECTION ON DELIVERY

A. Signature

Tom Perry

- Agent
- Addressee

B. Received by (Printed Name)

TOM PERRY

C. Date of Delivery

6/6/16

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

PO BOX 159

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 7124