

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. Bill Wiedmann
 Director of Operations
 Exact Packaging, Inc,
 Post Office Box 733
 Pontiac, Illinois 61764

FIFRA-05-2017-0012

(RSA)

2. Article Number
 (Transfer from service label)

7014 2870 0001 9577 4592

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address correct?

If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

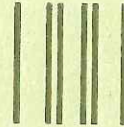
4. Restricted Delivery? (Extra Fee)

Yes



UNITED STATES POSTAL SERVICE

FRANCO
 IL 618
 11 APR 17
 PM 4 L



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

FIFRA-05-2017-0012