

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:
Ms. Martha Vandeleest
RCS Empowers, Incorporated
1607 Greele Avenue
Sheboygan, MI 53083-4668

FIFRA-05-2019-0010

2. Article Number
 (Transfer from service label)

7011 1150 0000 2643 7756

PS Form 3811, July 2013

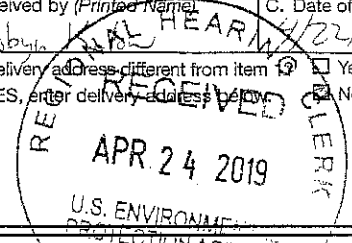
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Robert Kulaw* Agent Address

B. Received by (Printed Name) *Robert Kulaw* C. Date of Delivery *4/22/19*

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



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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

