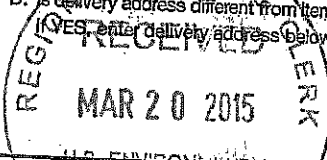


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>National Ireland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mr. Gregory Theiss Carus Group, Inc. 315 Fifth St. Peru, Illinois 61354	B. Received by (Printed Name) <i>Mark HEARD</i>	C. Date of Delivery <i>3-17-15</i>
2. Article Number (Transfer from service label) FIFRA-05-2015-0032	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
(CAFO)		
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	
7011 1150 0000 2643 8401		7011 1150 0000 2643 8401
PS Form 3811, February 2004		Domestic Return Receipt
		102595-02-M-1540

UNITED STATES POSTAL SERVICE

PERU, ILL 61354

MAR 20 2015 PER 2 Y

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

REGIONAL HEARING CLERK
RECEIVED
MAR 20 2015
U.S. ENVIRONMENTAL PROTECTION AGENCY