

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature: <i>[Handwritten Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name): <i>[Handwritten Name]</i> C. Date of Delivery: <i>[Handwritten Date]</i>
Mr. Guy Sako Defense Soap, LLC 13000 Athens Ave. Suite C313 Lakewood, Ohio 44107  <i>FIFRA-05-2015-0011</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> YES <input type="checkbox"/> NO U.S. ENVIRONMENTAL PROTECTION AGENCY RECEIVED DEC 03 2014 REGIONAL HEARING CLERK
2. Article Number (Transfer from service label)	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 7011 1150 0000 2643 8111 102595-02-M-1540

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Regional Hearing Clerk (E-19J)  
 U.S. EPA  
 7 W. Jackson Blvd.  
 Chicago, Illinois 60604

