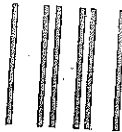


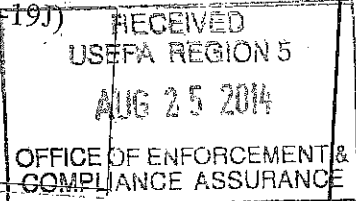
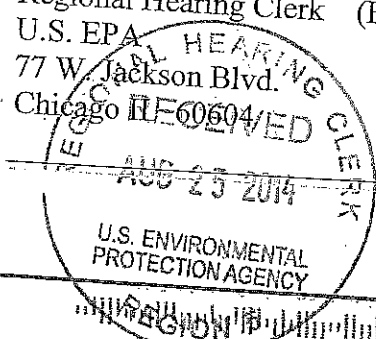
72 AUG 2014



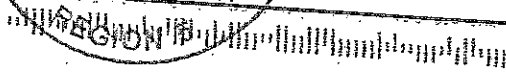
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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 IL 60604



950950950



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:

Naomi A. Moore  
CHS, Inc.  
5500 Cenex Drive  
Inver Grove Heights, Minnesota 55077

**FIFRA-05-2014-0028**

2. Article Number  
(Transfer from service label)

7011 1150 0000 2643 8661

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

