

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. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: FIFRA-05-2018-0031</p> <p> Mr. Jarvis Haugeberg Vice-President of Operations Form-A-Feed, Incorporated Post Office Box 9 Stewart, MN 55385</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type JUN - 4 2018 <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered U.S. Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0006 0188 0421</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

MINNEAPOLIS
UNITED STATES POSTAL SERVICE
MAY 29 2018
PM 6 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-05-2018-0031

