

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Mr. Nate Richardson Cogus Technology, LLC 3619 W. 73rd Street Anderson, Indiana 46011</p> <p>FIFRA-05-2015-0019</p>	<p>A. Signature X <i>Nate Richardson</i></p> <p>B. Received by (Printed Name) <i>Nate Richardson</i></p> <p>C. Date of Delivery <i>1/23/15</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <i>Anderson IN 46013</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number: (Transfer from service label)</p> <p>7009 1680 0000 7674 4089</p>	<p>3. Service Type</p> <p><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.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 •

REGIONAL HEARING CLERK
RECEIVED
JAN 29 2015
U.S. ENVIRONMENTAL PROTECTION AGENCY

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

