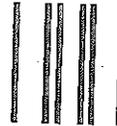


UNITED STATES POSTAL SERVICE

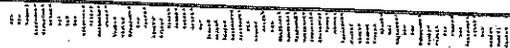


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

950000



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:

Mr. David Knighton
Creative Water Solutions, LLC
1864 Berkshire Lane North
Plymouth, Minnesota 55441

FIFRA-05-2013-0018

2. Article Number
(Transfer from service label)

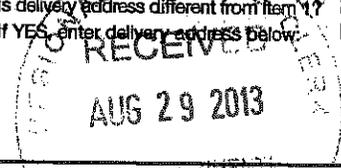
7009 1680 0000 7668 1537

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
David Knighton Addressee

B. Received by (Printed Name) *DAVID KNIGHTON* C. Date of Delivery *8/26/13*

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



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

4. Restricted Delivery? (Extra Fee) Yes