

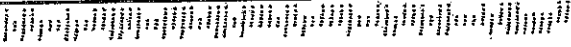


First-Class Mail  
Postage & Fees Paid  
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Permit No. G-10

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

Regional Hearing Clerk  
U.S. EPA  
77 W. Jackson Blvd.  
Chicago IL 60604

(E-19D)  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
OCT - 1 2014  
REGIONAL HEARING CLERK RECEIVED



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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Mark Stroyanoff</i>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>Mark Stroyanoff</i> <i>10/1/2014</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No          If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p>Mr. Mark Stroyanoff Ohio Pool Equipment &amp; Supply Co. 22350 Royalton Road Strongsville, Ohio 44149</p> <p><i>FIFRA 05 2014 0033</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><i>7009 1680 0000 7674 5000</i></p>