

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,

1.



Ms. Jill Barnett
 SunOpta Grains and Foods, Inc.
 3824 SW 93rd Street
 Hope, Minnesota 56046

FIFRA-05-2016-0016

(CAFO)

2. Article Number
 (Transfer from service label)

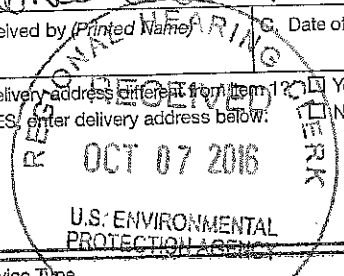
7014 2890 0001 9580 6307

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Renee Pederson Agent Addressee
- B. Received by (Printed Name) *RENEE PEDERSON* C. Date of Delivery *OCT 07 2016*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
3. Service Type
 Certified Mail Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes



UNITED STATES POSTAL SERVICE

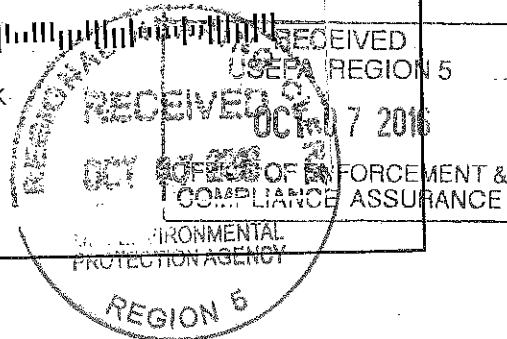
MINN 554
03 OCT 16



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



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