

SENDER: INDICATE THIS SECTION COMPLETE THIS SECTION DELIVER

- 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 mail piece, or on the front if space permits.

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:
Curt Bjertness, General Manager
C-W Valley Coop
Post Office Box 69
Wolverton, Minnesota 56594-0069

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

Service Type: U.S. ENVIRONMENTAL PROTECTION AGENCY

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail O.O.D.

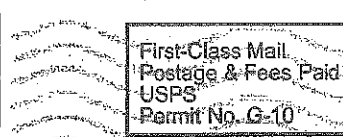
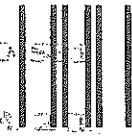
FIFRA-05-2017-0023

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 1680 0000 7647 3958

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-11

UNITED STATES POSTAL SERVICE



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

LADAWN WHITEHEAD
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604



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