

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>John T. Jernell</i> <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>John T. Jernell</i> C. Date of Delivery <i>6-1-15</i></p>
<p>1. Article Addressed to:</p> <p>Mr. Dave Neisler Sun Ag. Inc. P.O. Box 227 El Paso, Illinois 61738</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter deliver address below. <input type="checkbox"/> No</p> <p>3. Service Type PROTECTION AGENCY</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>2. Article Number (Transfer from service label)</p> <p>FIFRA-05-2015-0038 <i>CAF0</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7011 1150 0000 2643 8500</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery in the U.S. call 1-800-ASK-USPS or visit usps.com

La Dawn Whitehead E-19J

Postage	\$ 740
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 740

Postmark Here: JUN 27 2015

Sent to: Mr. Dave Neisler
Sun Ag. Inc.
P.O. Box 227
El Paso, Illinois 61738

PS Form 3800, August 2009 Use For Instructions

UNITED STATES POSTAL SERVICE

7011 1150 0000 2643 8500

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

REGIONAL HEARING CLERK
RECEIVED
JUN - 3 2015
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 5