

**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. Sloane A. Wildman  
 Perkins Coie  
 700 Thirteenth St. N.W., Suite 600  
 Washington, D.C. 20005-3960

*FIFRA-05-2012-0007*

2. Article Number  
(Transfer from service label)

7009 1680 0000 7672 1103

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X R.K. Armin*

B. Received By (Printed Name) C. Date of Delivery  
*R. ARMIN*

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

APR 09 2012

REGIONAL HEARING CLERK  
 U.S. ENVIRONMENTAL  
 PROTECTION AGENCY  
 3. Service Type  Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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, IL 60604

