

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

FIFRA-05-2017-0018

Mr. Steve Nelson
 Vice President
 Form-A-Feed, Incorporated
 Post Office Box 9
 Stewart, Minnesota 55385

2. Article Number (Transfer from service label)

7014 2870 0001 9577 4837

COMPLETE THIS SECTION ON DELIVERY

A. Signature

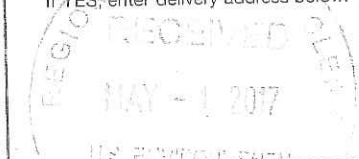
X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

MINNEAPOLIS

UNITED STATES POSTAL SERVICE

24 APR '17

PM 2 L



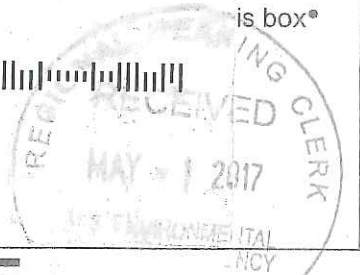
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Se

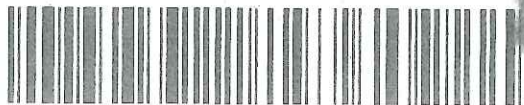
is box®



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



USPS TRACKING#



FIFRA-05-2017-0018

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