
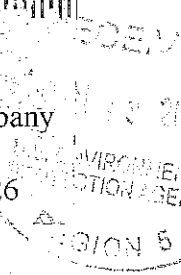


SENDER - COMPLETE THIS SECTION	ADDRESSEE - COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p style="text-align: center;">  Ms. Joan Garrnyn General Manager Hicksville Grain Company 259 East High Street Hicksville, Ohio 43526 </p> <p style="text-align: center;">  FIFRA-05-2017-0038 </p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="font-size: 2em; text-align: center;">P.O. BOX 146</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7001 0320 0005 8922 0201</p>


PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154C

UNITED STATES POSTAL SERVICE

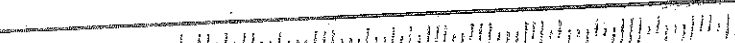


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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


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

RECEIVED CLERK
 JUN 13 2017
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5


FIFRA-05-2017-0038