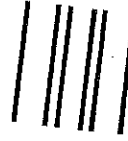


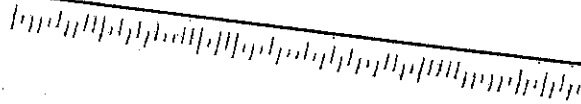
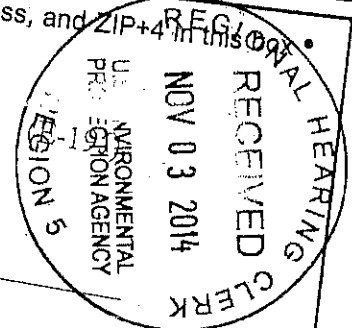
UNITED STATES POSTAL SERVICE



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  
U.S. EPA  
77 W. Jackson Blvd.  
Chicago, Illinois 60604



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>John Shamrock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery <i>10-31-14</i></p>
<p>Mr. Daniel Shamrock B and K Distributors, LLC 4144 Brookstone Court Howell, Michigan 48843</p> <p><b>FIFRA-05-2015-0001</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, enter delivery address below.)</p> <p><b>RECEIVED NOV 03 2014</b> U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 1680 0000 7674 4126</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>