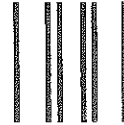


SENDER COMPLETE THIS SECTION	RECIPIENT COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: <p style="text-align: center;">FIFRA-05-2017-0019</p> <p>Mr. Paul Bathon Plant Manager Mt. Vernon Elevator Co. 11675 North Illinois Highway 37 Mt. Vernon, Illinois 62864</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery
2. Article Number (Transfer from service label) <p style="text-align: center;">7014 2870 0001 9577 4899</p>	Restricted Delivery Domestic Return Receipt

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


UNITED STATES POSTAL SERVICE

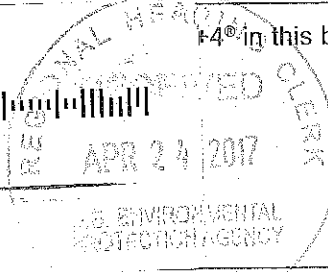
NO POSTAGE
 21 APR '17



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

*4[®] in this box[®]


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



USPS TRACKING#



FIFRA-05-2017-0019

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