

UNITED STATES POSTAL SERVICE

MI 485

03 NOV '14

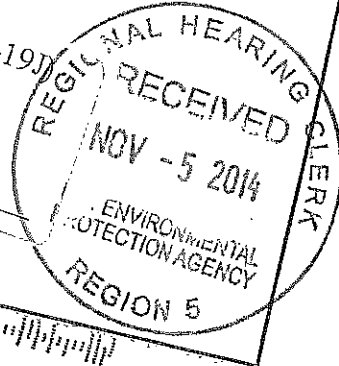


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

(E-19)



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. Rene Ruitter
Koppert Biological Systems Inc.
1502 Old U.S. Highway 23
Howell, Michigan 48843

FIFRA-05-2015-0007

2. Article Number

(Transfer from service label)

7009 1680 0000 7674 3808

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

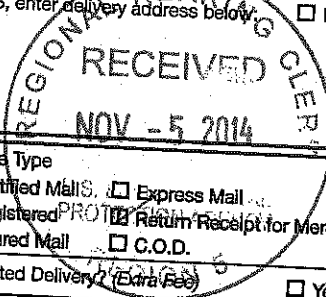
- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-3

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



3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes