



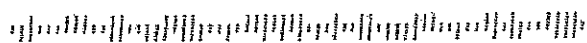
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Regional Hearing Clerk (E-19J)
U.S. EPA
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Chicago, Illinois 60604

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USEPA REGION 5
AUG 30 2013
OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE

REGIONAL HEARING CLERK
RECEIVED
SEP - 3 2013
ENVIRONMENTAL PROTECTION AGENCY



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> |
| <p>1. Article Addressed to: FIFRA-05-2013-0019</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: _____</p> |
| <p> C T Corporation System Registered Agent for: Stepan Company 208 South LaSalle Street, Suite 814 Chicago, Illinois 60604</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number: (Transfer from service label) FIFRA-05-2013-0019</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 1680 0000 7668 1544</p> |