


SENDER COMPLETES 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. 
 Mr. James Hansel
 President
 Great Lakes IPM, Inc.
 7563 North Crystal Road
 Vestaburg, Michigan 48891-9405

FIFRA-05-2017-0039

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address
James Hansel
 B. Received by: (Printed name) _____ Date of Delivery _____
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 FEB 20 2017

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7001 0320 0005 8922 0188


PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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

FIFRA-05-2017-0039 