

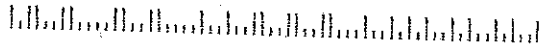
UNITED STATES POSTAL SERVICE



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 (E-19J)  
U.S. EPA  
77 W. Jackson Blvd.  
Chicago, Illinois 60604



**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:

Ms. Diane Allemang  
Cheminova, Inc.  
1600 Wilson Boulevard  
Arlington, Virginia 22209

*FIFRA-05-2012-0021*

2. Article Number  
(Transfer from service label)

7009 1680 0000 7668 0051

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

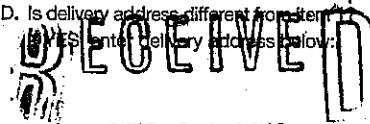
- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

*9-4-12*

- D. Is delivery address different from item 1?  Yes
- USPS enter delivery address below:  No



SEP 06 2012

3. REGIONAL HEARING CLERK

- Certified Mail
- Registered Mail
- Signature Required
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes