

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:

FIFRA-05-2019-0011

**Mr. Garret S. Garcia
Masters Company, Inc.
890 Lively Boulevard
Wood Dale, Illinois 60191**

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 7725

PS Form 3811, July 2013

Domestic Return Receipt

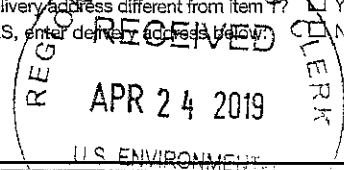
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address
X: Diane Whitehead

B. Received by (Printed Name) Agent
 Address
Diane Whitehead

C. Date of Delivery
4-22-19

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



3. Service Type **PROTECTION AGENCY**
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

27 APR 19
PM 2 L



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

