

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.



Ms. Joan Farrell
 General Counsel
 Goodwill Manufacturing, Inc.
 5400 South 60th Street
 Greendale, Wisconsin 53129

FIFRA-05-2017-0037

RECIPIENT - COMPLETE THIS SECTION FOR DELIVERY

Signature: *[Handwritten Signature]* Agent Address

B. Received by (Printed Name): *KAD [Handwritten]* C. Date of Delivery: *6/5/17*

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

3. Service Type: Certified Mail Registered Mail Insured Mail Express Mail Return Receipt for Merchandise b.o.d.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7001 0320 0005 8922 0218**

UNITED STATES POSTAL SERVICE
 WI 532
 05 JUN 17
 04 14



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

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

POSTNET barcode

LADAWN WHITEHEAD
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

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