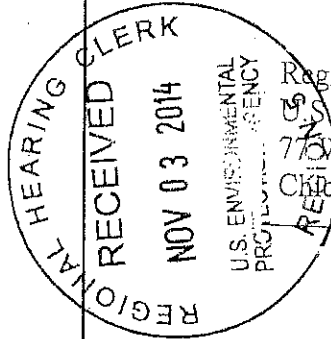


INDIANAPOLIS
UNITED STATES POSTAL SERVICE
IN 460
31 OCT '14
PM 6 L

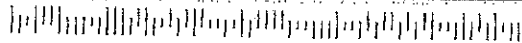


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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



Regional Hearing Clerk (E-19J)
U.S. EPA
770 V. 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:

Mr. Troy Tate
Tate & Surfactants, Inc.
1500 N Webster St.
Kokomo, Indiana 46901

FIFRA-05-2015-0003

2. Article Number
(Transfer from service label)

7009 1680 0000 7674 4096

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
T. Tate Addressee

B. Received by (Printed Name) C. Date of Delivery
Regional Hearing Clerk *10/31*

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

NOV 03 2014

U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

Domestic Return Receipt