



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)  
 US EPA  
 77 W. Jackson Blvd.  
 Chicago, Illinois 60604

RECEIVED  
 SEP 13 2013  
 REGIONAL HEARING CLERK  
 U.S. ENVIRONMENTAL PROTECTION AGENCY

**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. Greg Hemmingsen  
 The CISCO Companies  
 602 N. Shortridge Rd.  
 Indianapolis, Indiana 46219

FIFRA-05-2013-0020

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 S. Denton  Agent  Addressee

B. Received by (Printed Name):  
 S. Denton

C. Date of Delivery  
 9-11-13

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

7009 1680 0000 7668 1728

Domestic Return Receipt