

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. Lorrie Maag
Southern Illinois Hardware, LLC
c/o Admiral Parkway, Inc.
P.O. Box 140
Columbia, Illinois 62236

FIFRA-05-2015-0041

CAFO

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 8548

PS Form 3811, February 2004

Domestic Return Receipt

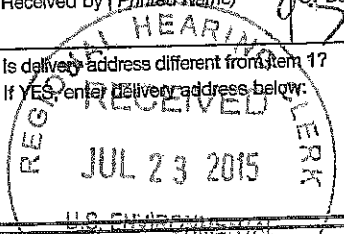
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Lorrie Maag Addressee

B. Received by (Printed Name) C. Date of Delivery
7/20/15

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



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

4. Restricted Delivery? (Extra Fee) Yes

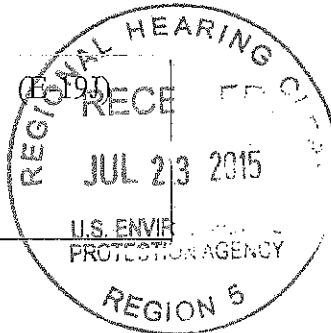
UNITED STATES POSTAL SERVICE



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



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