

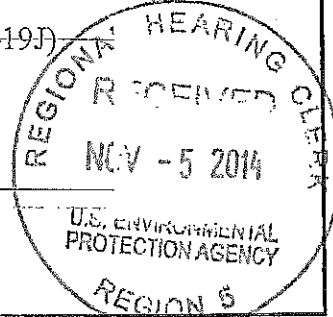
UNITED STATES POSTAL SERVICE  
ST. PAUL, MN 55111

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

03 NOV 2014 PM 6 L

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

Regional Hearing Clerk (E-19J)  
U.S. EPA  
77 W. 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. Michael Christenson  
Countryside Cooperative  
514 E. Main Street  
Durand, Wisconsin 54736

FIFRA-05-2015-0002

2. Article Number  
(Transfer from service label)

7009 1680 0000 7674 REGION 5

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

