


**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.   
 Mr. Ralph Price  
 Agronomy Manager  
 Meadowland Farmers Cooperative  
 Post Office Box 338  
 Lamberton, Minnesota 56152

**FIFRA-05-2017-0043**

2. Article Number  
 (Transfer from service label)

7001 0320 0005 8922 0140

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kelly Arndt*  Agent  Address

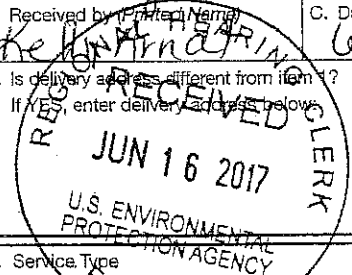
B. Received by (Printed Name)  
*Kelly Arndt*

C. Date of Delivery  
*6-12-17*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered Mail™  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



MINNEAPOLIS

UNITED STATES POSTAL SERVICE


12 JUN '17

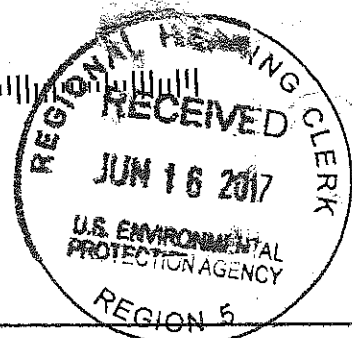
PM 2 L



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

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

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



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