

UNITED STATES POSTAL SERVICE

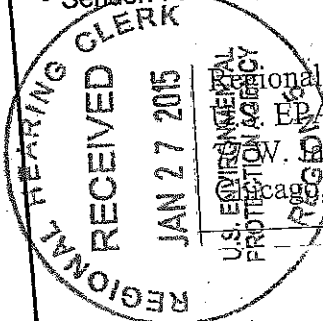
NO 207

23 JAN 15



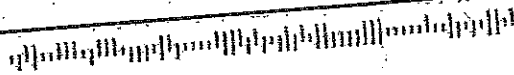
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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



Regional Hearing Clerk (E-19J)  
W. Jackson Blvd.  
Chicago, Illinois 60604

94660889



**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:

Bergeson & Campbell PC  
ATTN: Ms. Lynn L. Bergeson  
2200 Pennsylvania Ave. NW, Suite 100 W  
Washington, D.C. 20037-1701

**FIFRA-05-2015-0022**

2. Article Number  
(Transfer from service label)

7011 1150 0000 2643 8067

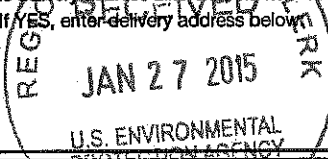
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name)  
*[Signature]*

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  G.O.D.

4. Restricted Delivery? (Extra Fee)  Yes