

SENDER - COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
FIFRA-05-2020-0009

Mr. Aaron Schnitkey
 H.R. Manager
 Gerald Grain Center, Incorporated
 14540 County Road U
 Napoleon, OH 43545



9590 9402 4873 9032 5305 03

7018 3090 0002 2526 7563

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

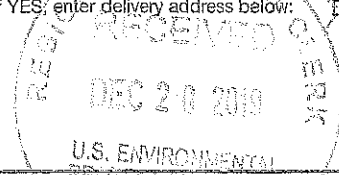
B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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



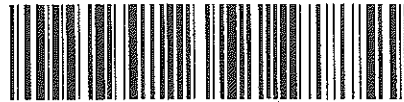
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 4873 9032 5305 03



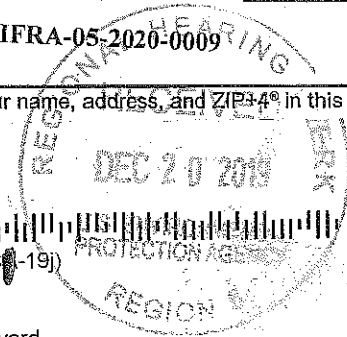
FIFRA-05-2020-0009

United States
 Postal Service

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



LaDawn Whitehead (EO 1-19j)
 Regional Hearing Clerk
 U. S. EPA - Region 5
 77 West Jackson Boulevard
 Chicago, IL 60604-3590



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