

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. James Anderson  
 Corporate Legal Manger  
 5101 Menard Drive  
 Eau Claire, Wisconsin 54703

*FIFRA-05-2014-0009*

2. Article Number  
(Transfer from service label)

7009 1680 0000 7647 6263

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*  Agent  Addressee

B. Received by (Printed Name)

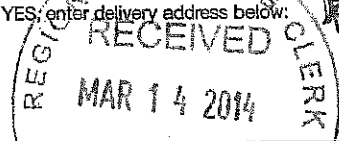
*[Signature]*

C. Date of Delivery

3/10/14

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

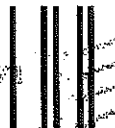
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

UNITED STATES POSTAL SERVICE

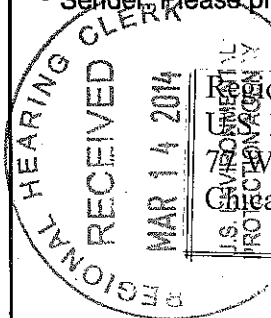
ST PAUL MN 551



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

03 MAR 2014 PM 5:1

• 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

