

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 X *Mark Bauman* Agent
 Address

B. Received by (Printed Name) *Mark Bauman*
 C. Date of Delivery *8-19-17*

Mr. Mark Bauman
 General Manager
 Christian County Farmers Supply Company
 Post Office Box 377
 Taylorville, Illinois 62568

Enter address different from item 1? Yes
 Enter delivery address below No

REGIONAL RECEIVED CLERK
AUG 22 2017

FIFRA-05-2017-0049

U.S. ENVIRONMENTAL PROTECTION AGENCY

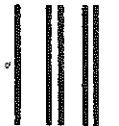
Certified Mail® Priority Mail Express™
 Registered Mail™ Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7009 1680 0000 7662 6941**

PS Form 3811, July 2013 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

REGIONAL RECEIVED CLERK
AUG 22 2017
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5

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