

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:

FIFRA-05-2018-0050

Mr. William J. Kokum
 Vice President
 BMC 1092, Inc. d/b/a Solo Laboratories, Inc.
 2000 Parkes Drive
 Broadview, IL 60155

2. Article Number

(Transfer from service label)

7011 1150 0000 2643 7367

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. J. Williams

- Agent
- Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

RECEIVED
OCT 16 2018
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

UNITED STATES POSTAL SERVICE



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

RECEIVED
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 REGION 5
 OCT 16 2018

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

FIFRA-05-2018-0050
RECEIVED
REGION 5
OCT 03 2018
 LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE

