

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-05-2018-0043**



**Mr. Mohammad Shuaib
Sigma Services Corporation
165 North Archer Ave.
Mundelein, Illinois 60060**

2. Article Number
(Transfer from service label)

7011 1150 0000 2643 7282

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X/Mr. Shuaib

☐ Agent

☐ Addressee

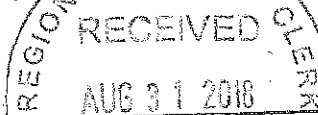
B. Received by (Printed Name)

Mundelein

C. Date of Delivery

8-27-18

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



3. Service Type

- ☒ Certified Mail ☐ Priority Mail Express™
- ☒ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collection Delivery

4. Restricted Delivery? (Extra Fee)

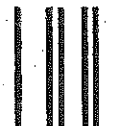
☐ Yes

UNITED STATES POSTAL SERVICE

IL 601

27 AUG 18

PM 31



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

FIFRA-05-2018-0043

