

**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. Jack Patel  
 President  
 Cater Chemical Corp.  
 30 Monaco Drive  
 Roselle, Illinois 60172

**FIFRA-05-2016-0008**

CAFO

**2. Article Number**

(Transfer from service label)

7011 1150 0000 2639 8637

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *[Signature]*

- Agent
- Addressee

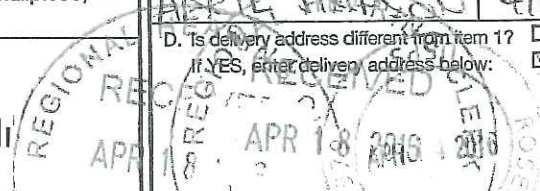
**B. Received by (Printed Name)**

APRIL HEADSON

**C. Date of Delivery**

4/14/16

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



**3. Service Type**

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- Yes

UNITED STATES POSTAL SERVICE

11 801  
15 APR '16



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-05-2016-0008**

CAFO