

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-05-2019-0013**

Mr. Edward S. Piszynski
 Vice President, Lab Services
 Chicago Aerosol, LLC
 8407 South 77th Avenue
 Bridgeview, IL 60455

2. Article Number (Transfer from service label)

7033 1150 0000 2649 7824

5/24/19

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

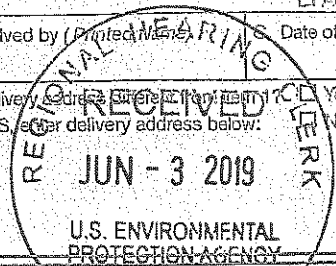
A. Signature X Agent Address

B. Received by (Printed Name) _____ Date of Delivery _____

D. Is delivery address correct? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Registered Insured Mail
 Return Receipt for Merchandise C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



UNITED STATES POSTAL SERVICE
 IL 604
 PERMIT NO. 13



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

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

FIFRA-05-2019-0013

LaDawn Whitehead (E-19J)
 U.S. EPA - Region 5
 77 West Jackson Boulevard
 Chicago, IL 60604-3590

