

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. *F*



Mr. Allen Mashek
 General Manager
 Elbow Lake Co-op Grain
 Post Office Box 68
 Elbow, Minnesota 56531

FIFRA-05-2017-0040

2. Article Number
 (Transfer from service label)

7001 0320 0005 8922 0164

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kathy Anderson Agent
 Address

B. Received by (Printed Name) *Kathy Anderson* C. Date of Delivery *6-15-17*

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



3. Service *ENVIRONMENTAL PROTECTION AGENCY*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail G.O.B.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

15 JUN 2017 PM 1

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

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