SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ILIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	Agent
Print your name and address on the reverse	× star	☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from the	tem 1? 🛘 Yes
1. Article Addressed to: FIFRA-05-2018-002	If YES enter delivery address be	iow: 🗆 No
	RECEIVED	[m]
Mr. Tim A. Kowalski President	DEC 1 3 2017	ERK
Bio-Kleen Products, Incorporated	L	
810 Lake Street	3. Service/Type: \\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Maji /
Kalamazoo, Michigan 490001	Registered Return R	eceipt for Merchandise
	☐ Insured Mail ☐ (☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number		<u> </u>
(Transfer from service label)	112 2992 0000 2665 211	5
PS Form 3811, February 2004 Domestic R	Return Receipt	102595-02-M-1540
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United States Postal Service	÷ 10000	First-Class Mail
ONTED STATES TO STATE SERVICE	######################################	Postage & Fees P
		USPS Permit No. G-10
	- Alexander and	
 Sender: Please print your 	r name, address, and ZIP+4	in this box *
·		HE
	- CNB	"SAPA
1		FORM ON
ՈրուդեՄՈդվՄիդվիր LADAWN WHITEHEAD		" _, LED (1)
U.S, EPA - REGION 5	7 7 1	13 2017 \$
77 WEST JACKSON B	110	4 Name 4/
CHICAGO, IL 60604		K - AGENTAL AGENOS