

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:

John A. Decker
 Braun Kendrick Finkbeiner P.L.C.
 4301 Fashion Square Boulevard
 Saginaw, Michigan 48603

2. Article Number
(Transfer from service label)

7009 1680 0000 7671 5911

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *J. DiMercurio* JAN 31 2013

X *J. DiMercurio* Agent Addressee

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

JAN 31 2013

REGIONAL HEARING CLERK

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and phone number in this box.

Ann L. Coyle
 Regional Judicial Officer
 U.S. EPA - Region 5
 77 West Jackson Blvd.
 Chicago, IL 60604

U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 JAN 31 2013

OFFICE OF REGIONAL
 COUNSEL

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