

Handwritten: 7000-8005-20-9101

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 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. <p>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p>Douglas A Kern, President Northern Frozen Foods, Inc. d/b/a Northern Haserot 21500 Alexander Road Cleveland, Ohio 44146</p> <p>FIFRA-05-2009-0004</p>	<p>A. Received by (Please Print Clearly) Alia Pestello B. Date of Delivery 02/26/09</p>	
	<p>C. Signature Alia Pestello <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p>	<p>7001 0320 0006 0182 9979</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>		

Handwritten notes at the bottom of the page, including "Call Mike..." and "Copy from the box".