

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:

Mr. Brian Bolduc
 President
 Bolduc and Sons, Inc.
 Post Office Box 102
 Woodhull, Illinois 61490

FIFRA-05-2017-0020

(FSA)

2. Article Number

(Transfer from service label)

7014 2870 0001 9577 4684

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent Addressee

B. Received by (Print Name)

BRUCE BOLDUC

C. Date of Delivery

MAY 1 2017

D. Is delivery restricted to addressee only? Yes No



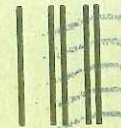
3. Service Type

- Certified Mail Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



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

25 APR 2017 PM 1 L

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

LADAWN WHITEHEAD
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

