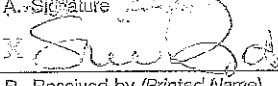

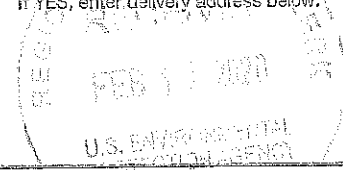
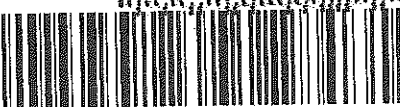

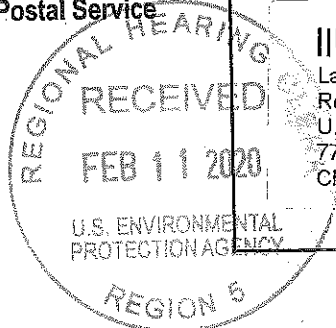



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <u>Sheila Boyd</u> C. Date of Delivery
1. Article Addressed to: <u>FIFRA-05-2020-0012</u> Mr. James Hustad General Manager Ashby Equity Association P.O. Box 40 Ashby, MN 56309  9590 9402 4873 9032 5309 92	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
2. Article Number (Transfer from service label) <u>7018 3090 0002 2526 8201</u>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING # 		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
9590 9402 4873 9032 5309 92 FIFRA-05-2020-0012		
United States Postal Service 	• Sender: Please print your name, address, and ZIP+4® in this box®  LaDawn Whitehead (ECL) <i>AWJ</i> Regional Hearing Clerk U. S. EPA - Region 5 77 West Jackson Boulevard Chicago, IL 60604-3590	