


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ally</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Mr. Toyokazu Matsumoto Arysta Lifescience America, Inc. 1450 Broadway, Suite 2011 New York, New York 10019</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>REGIONAL HEARING CLERK MAR 23 2015 U.S. ENVIRONMENTAL PROTECTION AGENCY</p> </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>FIFRA-05-2015-0031 <i>CATD</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 1150 0000 2643 8357</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

UNITED STATES POSTAL SERVICE

MAR 23 2015



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

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

REGIONAL HEARING CLERK
RECEIVED
MAR 23 2015
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGIONAL

Regional Hearing Clerk (E-19J)
U.S. EPA
7 W. Jackson Blvd.
Chicago, Illinois 60604

