

SENDER: COMPLETE THIS SECTION	RECIPIENT: THIS SECTION IS DELIVERED
<p>1. 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> <p>Ms. Susan Conoff            Quality Manager            Multi-Pack Solutions, LLC            1804 West Central Road            Mount Prospect, Illinois 60056</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">Date of Delivery</span></p> <p>Tiffany M... <span style="float: right;">5/24/11</span></p> <p>D. Is delivery address different from item 1? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below:</p> <p style="text-align: center;">U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p style="text-align: center;">REGION 5</p> <p>3. Service Type <span style="float: right;"><input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>

FIFRA-05-2017-0033

2. Article Number

(Transfer from service label)

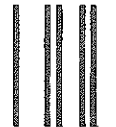
7009 1680 0000 7649 3996

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

UNITED STATES POSTAL SERVICE



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

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



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

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