
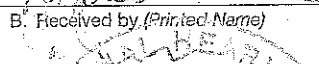
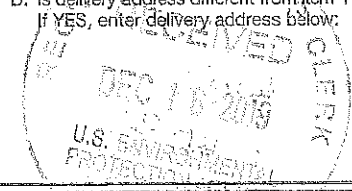

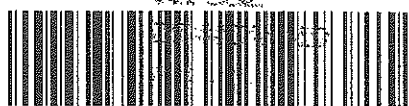
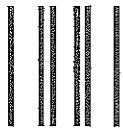


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	<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;">C. Date of Delivery</span>   11-25</p>
<p>1. Article Address <b>FIFRA-05-2020-0006</b></p> <p>Erin Daly, Regulatory Compliance Manager          Mueller Sports Medicine, Incorporated          One Quench Drive          Post Office Box 99          Prairie du Sac, WI 53578</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> 
 <p>9590 9402 4873 9032 5304 66</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation</span>  <input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span>  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from outside label)</p> <p>7018 3090 0002 2526 7600</p>	<p>Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

**USPS TRACKING#**

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9590 9402 4873 9032 5304 66 FIFRA-05-2020-0006

United States  
 Postal Service

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



LaDawn Whitehead (EC-19J)  
 Regional Hearing Clerk  
 U. S. EPA - Region 5  
 77 West Jackson Boulevard  
 Chicago, IL 60604-3590

