

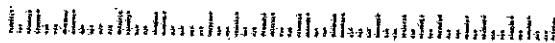
UNITED STATES POSTAL SERVICE



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

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

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>D. Ann M. Race</i>      B. Date of Delivery <i>9/10/12</i></p> <p>C. Signature <i>[Signature]</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><i>William C. Brown, Esq. Brown &amp; Stewart, P.C. 114 East Main Street, Suite 218 Owosso, Michigan 48867</i></p> <p><i>FIFRA-05-2012-0022</i></p>	<p>D. Delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  <small>If YES, enter delivery address below.</small></p> <p><b>RECEIVED</b>  <b>SEP 12 2012</b>  <b>REGIONAL HEARING CLERK</b>  <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> <p><input type="checkbox"/> Registered      <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>7009 1680 0000 7673 3106</p>	