

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mark A. Thompson
 Biomatrix, Inc.
 1002 16th Avenue South
 Princeton, Minnesota 55371

FIFRA-05-2015-0025

2. Article Number
 (Transfer from service label)

7011 1150 0000 2643 8234

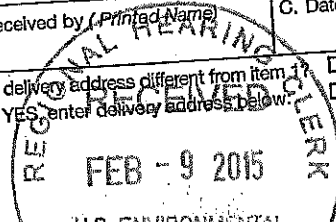
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?
 If YES, enter delivery address below. Yes No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

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 RECEIVED FEB - 9 2015 U.S. ENVIRONMENTAL PROTECTION AGENCY

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

