

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 4/8/10
	C. Signature X <i>EM</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Mr. David Nash McMahon DeGulis LLP 812 Huron Road, Suite 650 Cleveland, Ohio 44115 <i>FIFRA-05-2010-0011</i>	RECEIVED APR 12 2010 REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY	
2. Article Number (Transfer from service label)	3. Service Type	
7001 0320 0006 0189 9330	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424