

**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:

Mr. Hector Treto  
 Merx Trade, Inc.  
 6553 Star Ct.  
 Laredo, Texas 78041

**FIFRA-05-2015-0035**

2. Article Number  
(Transfer from service label)

7011 1150 0000 2643 8210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

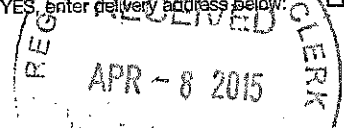
B. Received by (Printed Name)

*Undersen, Robert*

C. Date of Delivery

*3/30/15*

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



3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

- 4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

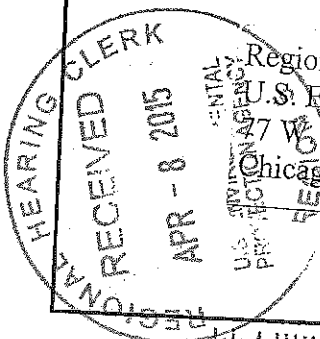
102595-02-M-154C

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

