

**SENDER - COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
**FIFRA-05-2017-0022**

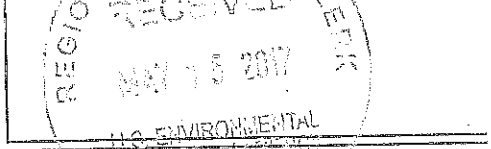
Mr. John James  
 General Manager  
 Data Service Solutions, Inc.  
 401 East South Frontage Road  
 Bolingbrook, Illinois 60440

2. Article Number (Transfer from service label)  
**7014 2870 0001 9577 4783**

**ADDRESSEE - COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
*Ladawn Whitehead*  
 B. Received by (Printed Name) **08/05/17** Date of Delivery **5/10/17**

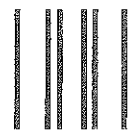
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type  Registered Mail™  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail Restr. Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Restricted Delivery

UNITED STATES POSTAL SERVICE

**FIFRA-05-2017-0022**



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

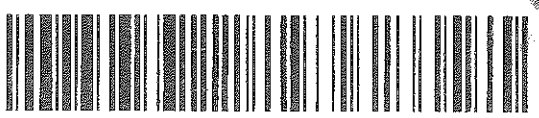
in this box®

|||

LADAWN WHITEHEAD  
 REGIONAL HEARING CLERK  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604



USPS TRACKING#



**9590 9401 0033 5168 6461 73**