

SENDER: COMPLETE THIS SECTION

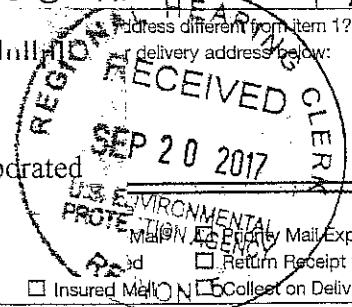
COMPLETE THIS SECTION ON DELIVERY

- 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. Signature Agent
 Address
 B. Received by (Printed Name) D. O'SHAUGHNESSY
 C. Date of Deliv. 9/16/17



Mr. Don O'Shaughnessy
 Agent for Sanikleen, LLC
 Don O'Shaughnessy Consulting, Incorporated
 427 Hide Away Circle
 Cub Run, Kentucky 42729



FIFRA-05-2017-0054

Address different from item 1? Yes
 delivery address below: No
 Insured Mail Return Receipt for Merchandise
 Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 6972

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE
 LOUISVILLE
 KY 400
 16 SEP 17
 7131



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

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

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



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