

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: **FIFRA-05-2018-0047**

Mr. Timothy Nolan Sarver
 Manager
 Legacy Ag Solutions, LLC
 12475 Louisville Road
 Terre Haute, IN 47802

2. Article Number
(transfer from service label)

7011 1150 0000 2643 7305

PS Form 3811, July 2013

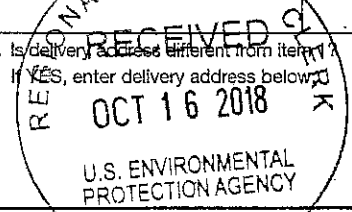
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Address:

B. Received by (Printed Name) **G** C. Date of Deliv

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



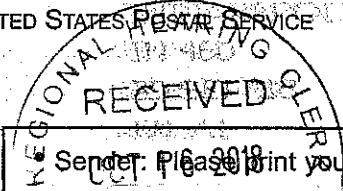
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchand
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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*

FIFRA-05-2018-0047

U.S. ENVIRONMENTAL PROTECTION AGENCY

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

