

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. Signature <i>[Signature]</i>
1. Article Addressed to: Mr. Greg Shuppe US Biologics, LLC 170 West Progress Drive West Bend, Wisconsin 53095	B. Received by (Printed Name) <i>TERRY WOODER</i>
2. Article Number (Transfer from service label) FIFRA-05-2015-0028 (CFO)	C. Date of Delivery <i>3-2-15</i>
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 5
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Yes
PS Form 3811, February 2004	7011 1150 0000 2643 8302 Domestic Return Receipt

102595-02-M-1540

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Chicago, Illinois 60604

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REGION 5