

Attn: 2-ads-44

7000-8005-20-1011

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 this card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 3/2/07
<p>1. Article Addressed to:</p> <p>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p>Mr. Anthony Crawley Rand Direct Midwest LLC 21 West Gateway Commerce Ct. Dr. Edwardsville, Illinois 62025</p> <p>FIFRA-05-2009-0007</p>	<p>C. Signature</p> <p>X <i>Kim Smell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, March 2001</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7001 0320 0006 0182 9818</p> <p>Domestic Return Receipt</p> <p>102595-01-M-1424</p>	

Call Mike Barman so we can
bring you the case