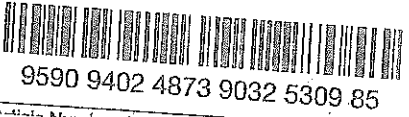


SENDER - COMPLETE THIS SECTION

- 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-05-2020-0011**

Mr. Jim Hlatky
 Agronomy Division Manager
 Pro-Ag Farmers Cooperative
 601 East Soo Street, Suite A
 Parkers Prairie, MN 56361



9590 9402 4873 9032 5309 85

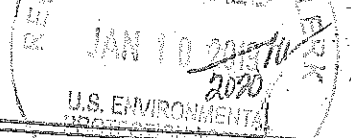
Article Number (Transfer from service label)
7017 3380 0000 7283 1918

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) **M. Robertson**
- C. Date of Delivery **1-3-20**
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

RECEIVED



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

Domestic Return Receipt

USPS TRACKING#



9590 9402 4873 9032 5309 85



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

FIFRA-05-2020-0011

United States Postal Service

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

LaDawn Whitehead (EC-19J)
 Regional Hearing Clerk
 U. S. EPA - Region 5
 77 West Jackson Boulevard
 Chicago, IL 60604-3590

