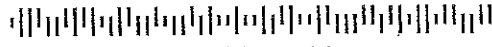


**SENDER: COMPLETE THIS SECTION**

- 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.

  
 Mr. Joseph Dombkowski  
 General Manager/Technical Director  
 Chemco Products, Inc.  
 1349 Grand Oaks Drive  
 Howell, MI 48843

**FIFRA-05-2018-0021**

2. Article Number  
(Transfer from service label)

7009 1680 0000 7662 7344

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Kathy Herman  Agent  Address

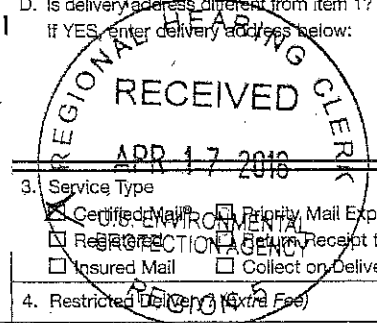
B. Received by (Printed Name)  
Kathy Herman

C. Date of Delivery  
4-10-18

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 Mail Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery (Extra Fee)  Yes




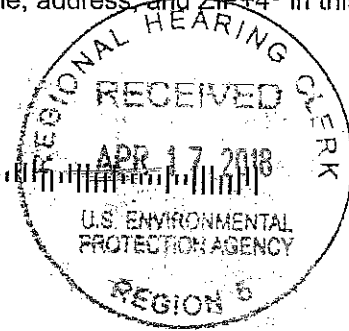
UNITED STATES POSTAL SERVICE



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

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

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



**FIFRA-05-2018-0021**