

**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:

Mr. Roger Kayser  
Miami Products & Chemical Co.  
520 Lonoke Street  
Dayton, Ohio 45403

FIFRA-05-2009-0015

2. Article Number  
(Transfer from service label)

7001 0320 0006 0189 4793

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Stew09

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
if YES, enter delivery address below:

Yes  
 No

RECEIVED  
JUN 16 2009

REGIONAL HEARING CLERK  
IUSEPA

3. Service Type **REGION 5**

- Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail         C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes