
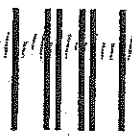


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Gayle Hemker</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Gayle Hemker</i> C. Date of Delivery <i>8-17-18</i></p>
<p>1. Article Addressed to:  <b>FIFRA-05-2018-0040</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">   <b>Mr. Gerald Forebeck  Clin/Was Ag Service, Inc.  19185 State Route 161  Carlyle, Illinois 62231</b> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p> <p>3. Service Type: ENVIRONMENTAL  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><b>7009 1680 0000 7674 4140</b></p>

PS Form 3811, July 2013


Domestic Return Receipt

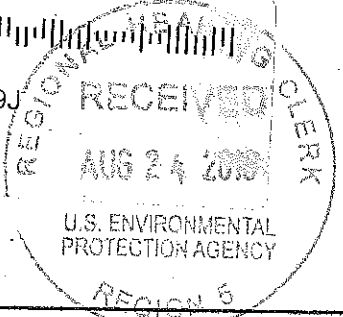
UNITED STATES POSTAL SERVICE



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  
U.S. EPA - REGION 5 - E19J  
77 WEST JACKSON BLVD  
CHICAGO, IL 60604



**FIFRA-05-2018-0040**

