


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 the card to you. Attach this card to the back of the mailpiece, <i>with the front if space permits.</i> 	A. Signature <i>K. Shepherd</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Address
1.  Mr. Keith Shepherd President Feil Water Treatment, Incorporated 1109 East Haven Avenue New Lenox, IL 60451 FIFRA-05-2018-0024	B. Received by (Printed Name) <i>Keith Shepherd</i>	C. Date of Delivery <i>4/12/18</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013 Domestic Return Receipt		

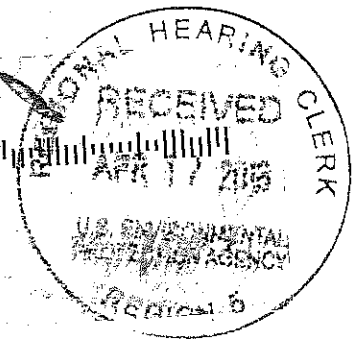
DELIVERED
 UNITED STATES POSTAL SERVICE
 12 APR '18
 PM 5 L



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-05-2018-0024