

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature *[Handwritten Signature]* Agent
 Address
 B. Received by (Printed Name) *[Handwritten Name]* C. Date of Delivery *[Handwritten Date]*

1 Mr. John Graham
 CFO
 Co-Alliance, LLP
 5250 East U.S. Highway 36, Building 1000
 Avon, IN 46123

any address different from item 1? Yes
 No
 enter delivery address below
RECEIVED
 OCT 31 2017
 U.S. ENVIRONMENTAL PROTECTION AGENCY
 CLERK

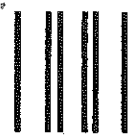
Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

FIFRA-05-2018-0002

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) *7009 1680 0000 7662 7061*

INDIANAPOLIS
 UNITED STATES POSTAL SERVICE
 27 OCT '17
 IN 61



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

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 REGION 5
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