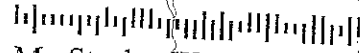


**SENDER: COMPLETE THIS SECTION**

- 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 Number  
  
 Mr. Stanley W. Hicks  
 Vice President and C.O.O.  
 1435 NW 5th Street  
 P.O. Box 516  
 Richmond IN 47375

FIFRA 05 2018 0007

2. Article Number  
(Transfer from service label)

7009 1680 0000 7662 7146

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Janet K. Martin*  Address

B. Received by (Printed Name)  Date of Delivery  
*Janet K. Martin*

Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

DEC 20 2017 5:23 PM  
 REGION 5  
 U.S. ENVIRONMENTAL PROTECTION AGENCY

3. Service Type  Priority Mail Express™  
 Certified Mail®  Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

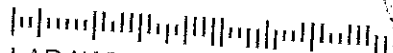
INDIANAPOLIS  
 UNITED STATES POSTAL SERVICE  
 IN 460  
 15 DEC 17



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

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

REGIONAL HEARING RECEIVED  
 DEC 20 2017  
 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 REGION 5

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

FIFRA 05 2018 0007