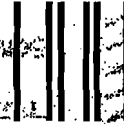


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OFFICE OF THE REGIONAL HEARING CLERK  
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Attn: Karen Maples, Regional Hearing Clerk

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"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>8/24/09</u></p>
<p>1. Article Addressed to:          Mr. Aurito Gomez Lopez, Owner          P.O. Box 1205          Las Piedras, Puerto Rico 00771</p> <p>Re: Matter of Finca Aurito          Gomez Lopez          Docket No. FIFRA-02-2009-5301          Complaint and Notice of          Opportunity for Hearing          07/02/2009</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7005 3110 0000 5926 0821</p>
<p>PS Form 3811, February 2004                      Domestic Return Receipt                      102595-02-M-1540</p>	