


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 Addressed to: FIFRA-05-2018-0006


 Ms. Beata Ostrovksy
 CFO
 Watkins, Incorporated
 150 Liberty Street
 Winona, MN 55987

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 7092

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

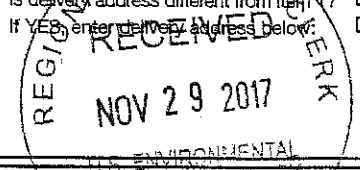
A. Signature
 X [Signature] Agent Address

B. Received by (Printed Name) TRACY SEARLING C. Date of Delivery 11-2017

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

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

4. Restricted Delivery? (Extra Fee) Yes




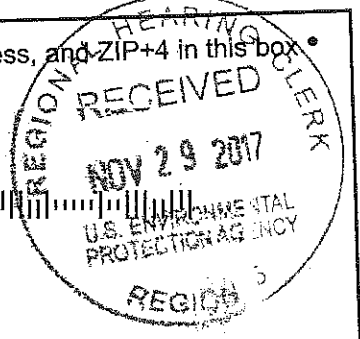
UNITED STATES POSTAL SERVICE
 MN 550
 29 NOV '17
 PM 11



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-05-2018-0006