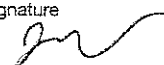

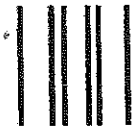



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 		A. Signature X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. 		B. Received by (Printed Name) J. HEARNS	C. Date of Delivery 9-5-20
Mr. Jim Danca Owner JD Pest Control 1204 Widergren Drive Rockford, Illinois 61108 FIFRA-05-2017-0053		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7009 1680 0000 7662 6989	
PS Form 3811, July 2013		Domestic Return Receipt	
3. Service Type		<input 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	

UNITED STATES POSTAL SERVICE
CAROL STREAM
IL 60131
05 SEP '17
PM 5:1

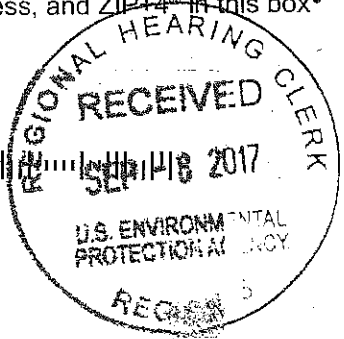


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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-05-2017-0053