

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, *on the front if space permits*



Mr. Charles Head
 Agronomy Manager
 Western Consolidated Cooperatiave
 Post Office Box 78
 Holloway, Minnesota 56249

FIFRA-05-2017-0042

2. Article Number
 (Transfer from service label)

7001 0320 0005 8922 0133

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

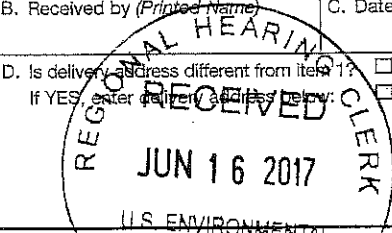
A. Signature
 X *Charles Head* Agent Address

B. Received by (Printed Name) _____ C. Date of Deliv _____

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

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

4. Restricted Delivery? (Extra Fee) Yes



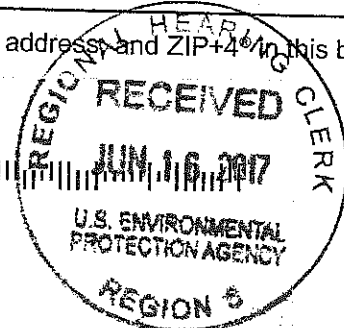
UNITED STATES POSTAL SERVICE



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-
 REGIONAL HEARING CLERK
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604



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