

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you, or on the front if space permits.</p> <p>Attach this card to the back of the mailpiece.</p>	<p>A. Signature <i>W. Tharp</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Cathy B. Patterson</i> C. Date of Delivery <i>JUN - 9 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. William N. Tharp Union County Co-op 101 West Campbell St. Liberty, Indiana 47353</p>	<p>3. Service Type <i>473</i></p> <p><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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>CAFU FIFRA-05-2015-0039</p>	<p>7011 1150 0000 2643 8517</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

U.S. Postal ServiceSM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

La Dawn Whitehead E-19J

Postage	\$ 7.67	Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 7.67	

Sent to: Mr. William N. Tharp
 Street, Apt. No., or PO Box No.: Union County Co-op
 City, State, ZIP+4: 101 West Campbell St. Liberty, Indiana 47353

PS Form 3800, August 2006

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

Regional Hearing Clerk (E-19J)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago, Illinois 60604

RECEIVED
 USEPA REGION 5
 JUN - 8 2015
 OFFICE OF ENFORCEMENT & COMPLIANCE ASSURANCE

