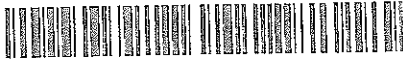


SENDER - COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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-05-2020-0007**

Erin Daly, Regulatory Compliance Manager
 Mueller Sports Medicine, Incorporated
 One Quench Drive
 Post Office Box 99
 Prairie du Sac, WI 53578



9590 9402 4873 9032 5304 59

2. Article Number (Transfer from service label)

7018 3090 0002 2526 7617

COMPLETE THIS SECTION ON THE REVERSE

A. Signature

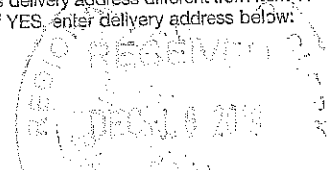
X *Erin Whitehead*

- Agent
- Addressee

B. Receiver (Printed Name)

C. Date of Delivery

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



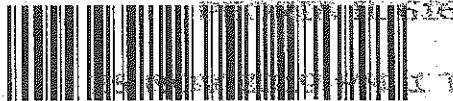
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

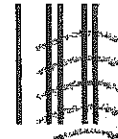
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 4873 9032 5304 59

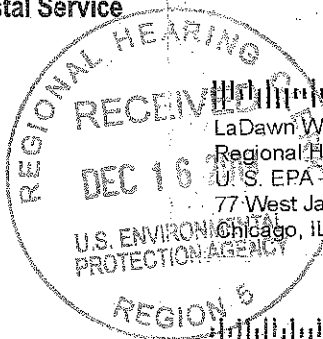


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

FIFRA-05-2020-0007

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.



LaDawn Whitehead (ECA-19J)
 Regional Hearing Clerk
 U.S. EPA - Region 5
 77 West Jackson Boulevard
 Chicago, IL 60604-3590

