

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY


- 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.

A. Signature
 X *Wafar Abohe* Agent Address

B. Received by (Printed Name) _____ C. Date of Delivery *9-19-16*

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

REG REGIONAL HEARING CLERK
 SEP 23 2016
 U.S. ENVIRONMENTAL PROTECTION AGENCY

1. 
 Sue Steinwall, Esquire
 Fredrikson & Byron, P.A.
 200 South Sixth Street, Suite 4000
 Minneapolis, MN 55402

FIFRA-05-2016-0014

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

4. Restricted Delivery? (Extra Fee) Yes


2. Article Number- *7011 1150 0000 2640 6844*
 (Transfer from service label)

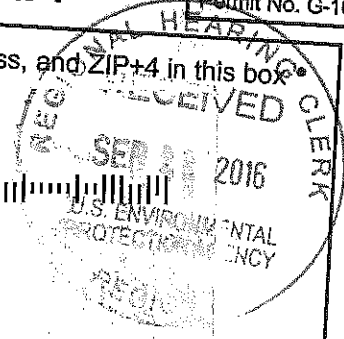
UNITED STATES POSTAL SERVICE



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



FIFRA-05-2016-0014