




SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to <b>FIFRA-05-2020-0005</b></p> <p style="text-align: center;">David Tippey, Controller St. Clair Service Co., Incorporated Post Office Box 489 Belleville, IL 62222</p>  <p style="text-align: center;">9590 9402 4873 9032 5304 73</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: fit-content; margin: 0 auto;"> <p>RECEIVED DEC 16 2019</p> </div> <p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restrictive Delivery</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Certified Mail Restrictive Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restrictive Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restrictive Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7018 3090 0002 2526 7587</p> <p style="text-align: right;">Restricted Delivery</p>	

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

**USPS TRACKING#**

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

9590 9402 4873 9032 5304 73 FIFRA-05-2020-0005

**United States Postal Service** \* Sender: Please print your name, address, and ZIP+4® in this box\*

REGIONAL HEARING

RECEIVED

DEC 16 2019

U.S. ENVIRONMENTAL PROTECTION AGENCY

REGION 5

RECEIVED

DEC 16 2019

AIR ENFORCEMENT BRANCH

U.S. EPA REGION 5

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