


**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, or on the front if space permits.

1.   
 Mr. John Walstra  
 President  
 Peter J Walstra, Incorporated  
 Post Office Box 140  
 DeMotte, Indiana 46310

**FIFRA-05-2017-0055**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *John Walstra*  Agent  Addressee

B. Received by (Printed Name) *JOHN WALSTRA* C. Date of Delivery *SEP 8 2017*

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

RECEIVED REGION 5 CLERK  
 SEP - 8 2017

U.S. ENVIRONMENTAL PROTECTION AGENCY  
 Registered  Priority Mail Express™  
 Insured Mail  Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7009 1680 0000 7662 6996

PS Form 3811, July 2013


Domestic Return Receipt

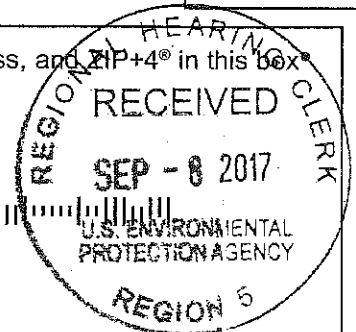
UNITED STATES POSTAL SERVICE



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



**FIFRA-05-2017-0055**