

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Wade DeFurter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wade DeFurter</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mr. Brian Reeve Regulatory Counsel 410 Swing Road Greensboro, North Carolina 27409</p> <p style="text-align: center;">FIFRA-05-2012-0012</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 style="text-align: center;">JUN 21 2012</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">REGIONAL HEARING CLERK</p> <p style="text-align: center;">U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p>3. Service Type <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 style="text-align: center;">7009 1680 0000 7667 8025</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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
1100 W. Jackson Blvd.
Chicago, IL 60604

RECEIVED

JUN 21 2012

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

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