

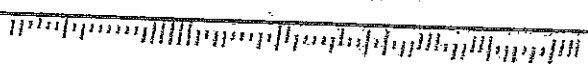
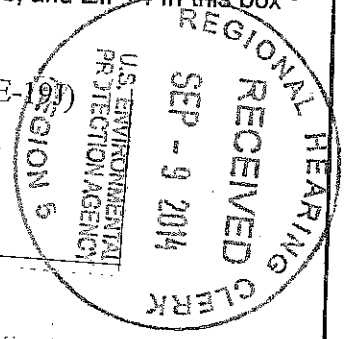
UNITED STATES POSTAL SERVICE



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-193)
U.S. EPA
77 W. Jackson Blvd.
Chicago IL 60604



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. Article Addressed to:

Mr. James Kunstman
PBI-Gordon Corporation
1217 W. 12th St.
Kansas City, Missouri 64101

FIFRA-05-2014-0027

2. Article Number
(Transfer from service label)

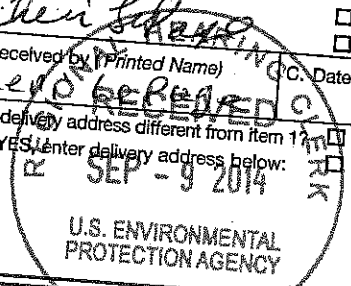
COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Chen Agent Addressee

B. Received by (Printed Name) *Chen* Agent Addressee

C. Date of Delivery *SEP - 9 2014*

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



3. Service Type *REGION 5*

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

4. Restricted Delivery? (Extra Fee) Yes

7009 1680 0000 7674 3730

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540