

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery	
1. Article Addressed to:  <b>E. Chase Dressman / Attorney            Taft Stettinius &amp; Hollister LLP            425 Walnut Street, Suite 1800            Cincinnati, Ohio 45202-3957</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No  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.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	FIFRA-05-2015-0044 <i>CAFD</i> 7011 1150 0000 2643 8586	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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  
 U.S. EPA  
 77 W. Jackson Blvd.  
 Chicago, Illinois 60604

RECEIVED  
 AUG 1 2015  
 U.S. ENVIRONMENTAL PROTECTION AGENCY  
 REGIONAL HEARING CLERK

