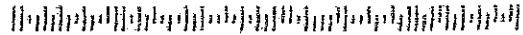
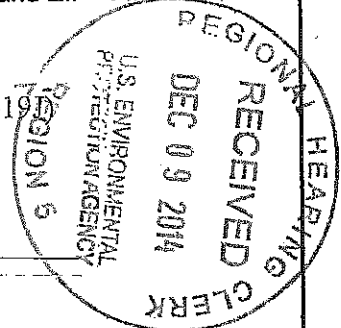


501
ON DEC '14

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-19)
U.S. EPA
77 W. Jackson Blvd.
Chicago, Illinois 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:

Guadalupe Jimenez
West Chicago, Inc.
4204 West North Avenue
Chicago, Illinois 60639

FIFRA-05-2015-0014

2. Article Number
(Transfer from service label)

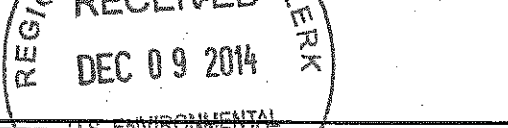
7011 1150 0000 2643 8098

COMPLETE THIS SECTION ON DELIVERY

A. Signature *K. Jimenez* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *12/3/14*

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



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

4. Restricted Delivery? (Extra Fee) Yes