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: FIFRA-05-2018-0033

Mr. Parmesh Singh
Director of Technical Service
Diversified Manufacturing Corporation
115 Dexter Street North
Prescott, WI 54021

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Address

B. Received by (Printed Name) Samantha Johnson C. Date of Delive 5-29-1

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

REGIONAL HEARING CLERK REC'D JUN 05 2018 REGION 5

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchand
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7001 0320 0006 0188 8871

PS Form 3811, July 2013 Domestic Return Receipt

ST PAUL MN
29 MAY '18
PM 3 L

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

FIFRA-05-2018-0033