

**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. John W. Kidder  
Spawn Mate, Inc.  
260 Westgate Drive  
Watsonville, California 95076

FIFRA-05-2009-0014

2. Article Number

(Transfer from service label)

7001 0320 0006 0182 9337

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Fawida Koda* B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1?  
if YES, enter delivery address below:

- Agent  
 Addressee  
 Yes  
 No

RECEIVED  
MAY 22 2009  
REGIONAL HEARING CLERK  
USEPA

REGION 5

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-01-M-1424