

**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 enclosed.

Mr. Terry Rindels  
 General Manager  
 Preston Dairy & Farm Associations, Inc.  
 Post Office Box 685  
 Preston, MN 55965

FIFRA 05-2018-0027

2. Article Number  
(Transfer from service label)

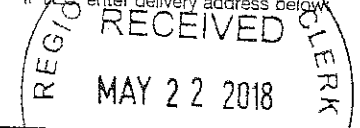
PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent  Address

B. Received by (Printed Name) *TIFFANY WHITEHEAD* C. Date of Delivery *05-18-18*

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



3. Service Type:  Certified Mail  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7009 1680 0000 7662 7436

Domestic Return Receipt

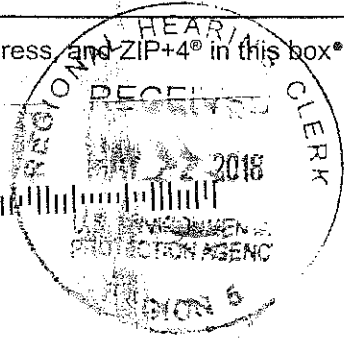
UNITED STATES POSTAL SERVICE  
 ST. PAUL  
 MN 550  
 18 MAY '18  
 PM 3:4



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 0027