

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. Chester Phillips  
 Gerald Grain Center, Inc.  
 14540 County Road U  
 Napoleon, Ohio 43545

FIFRA-05-2015-0040 CAPD

2. Article Number

(Transfer from service label)

7011 1150 0000 2643 8463


PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

ROBERT RING

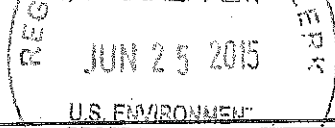
C. Date of Delivery

6/25/15

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

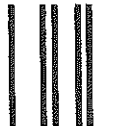
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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 (E-19)  
 U.S. EPA  
 77 W. Jackson Blvd.  
 Chicago, Illinois 60604

