

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION IMMEDIATELY

- 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.

A. Signature Agent
 Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:
 Ms. Hollie Cook
 Crops Office Manager
 Shelby County Cooperative
 2350 East State Road 44
 Shelbyville, Indiana 46176

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

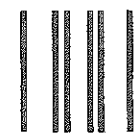
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

FIFRA-05-2017-0026

2. Article Number (Transfer from service label) 7009 1680 0000 7647 3927

UNITED STATES POSTAL SERVICE
 INDIANAPOLIS
 IN 4650
 08 MAY '17



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

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