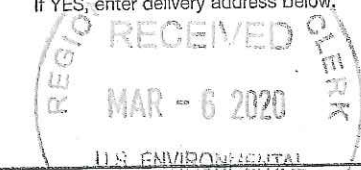


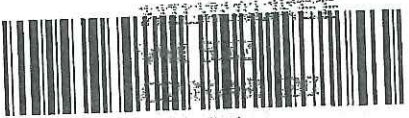



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <i>x Nancy Kenah</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Nancy Kenah</i> C. Date of Delivery
1. Article Addressed to: FIFRA-05-2020-0021 Mr. Robert Feldman Manager Universal Cooperative Association, Inc. Post Office Box 9 Lebanon, WI 53047	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
 9590 9402 4873 9032 5307 01	3. Service type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail
2. Article Number (Transfer from service label) 7018 3090 0002 2526 8034	<input checked="" type="checkbox"/> Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#		First-Class Mail Postage & Fees Paid USPS Permit No. G-10
	9590 9402 4873 9032 5307 01 FIFRA-05-2020-0021	
United States Postal Service	• Sender: Please print your name, address, and ZIP+4® in this box®  LaDawn Whitehead (EC-19J) Regional Hearing Clerk U. S. EPA - Region 5 77 West Jackson Boulevard Chicago, IL 60604-3590 