

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:

Nufarm Americas Inc.
 ATTN: Tom Lyons
 150 Harvester Drive, Suite 200
 Burr Ridge, Illinois 60527
 FIFRA-05-2012-004

2. Article Number

(Transfer from service label)

7009 1680 0000 7672 0977

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Teri Harrop*

- Agent
- Addressee

B. Received by (Printed Name)

Teri Harrop

C. Date of Delivery

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

RECEIVED
 MAR 08 2012

3. Service Type REGIONAL HEARING CLERK

- Certified Mail Registered 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
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago IL 60604

RECEIVED
 MAR 08 2012
 REGIONAL HEARING CLERK
 USEPA
 REGION 5

