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<ul style="list-style-type: none"> <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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>D. Monroe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>D. Monroe</i> <i>7/25/24</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Gregory M. Munson <i>Docket No. FIFRA-09-2024</i> Gunster Law Firm <i>0066</i> 215 South Monroe Street, Suite 601 Tallahassee FL, 32301-1804 THE GEO Group, Inc.</p>  <p style="text-align: center;">9590 9402 5709 9346 8199 46</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <small>IF YES, enter delivery address below:</small> <input type="checkbox"/> No</p> <p><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 <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) <i>709-0140-0000-7558-2542</i></p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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US EPA, Region 9
75 Hawthorne Street
San Francisco, CA 94105 **JUL 25 2024**



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By Regional Hearing Clerk at 11:20 am, Jul 25, 2024