FIFRA 13-05C

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HARAEL, LIC	FIF#AHW-2014-CUD2
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 X Build Agent Addressee B. Received by (Brinted Name) C. Date of Delivery C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? 口口Yes If YES, enter deliverycaddress Below: 小口No
Steven A. Herman Mark Duvall Beveridge & Diamond	CEIVED E.P.A. 30 PI
1350 I Street, N.W. Suite 700 Washington, DC 20005-3311	3. Service Type >> Cortified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 1680 0000 5220 1649	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	