tern to if Restricted Delivery is desired.  Print your name and address on the reverse so that we have enture the last to you.  Attach this card to the back of the malipiece,	A. Received by (Please Print Clearly)  B. Date of Delivery  3 2 9  C. Signature  X
Cuyahoga Falls, Ohio 44223	3. Service Type  Certified Mail  Registered Insured Mail  C.O.D.
FIFRA-05-20070002	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Return-Receipt 102595-99-M-1789	