

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>X E. Paschal</i>	
1. Article Addressed to: Ms. Eileen B. Salathe' Gerhardt Dow AgroSciences LLC 9330 Zionsville Rd. Indianapolis, Indiana 46268		B. Received by (Printed Name) <i>Eric Paschal</i>	
		C. Date of Delivery FEB 17 2015	
		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	
		U.S. ENVIRONMENTAL PROTECTION AGENCY <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> G.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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PS Form 3811, February 2004		Domestic Return Receipt	
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