


SENDER - COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.
- 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. A


 Terry Hart
 Operations Manager
 Advanced Micronutrient Products, Inc.
 2405 W. Vassar Road
 Resse, Michigan 48757

CAA-05-2017-0015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

x *Mandib*

B. Received by (Printed Name) C. Date of Delivery

Mandib *3/27/07*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

RECEIVED
MAR 27 2007

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) *7009 1680 0000 7647 3781*


PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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 •


 LADAWN WHITEHEAD
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

RECEIVED
MAR 27 2007
READING CLERK
U.S. ENVIRONMENTAL AGENCY

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