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. Received by (Please Print Clearly) MCLINGL CRACEY C. Signature X. Maria Dalling Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
1. Article Addressed to:		
Pontiac Centerpoint Campus 2000 Centerpoint Parkway MC 483-526-190 Pontiac, MI 48341-3147	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	
RCRA-05-2007-0009	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7 0 0 1	0320 0006 1458 8825	
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424	

. 55	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
88			.0	
1,458	Postage Certified Fee	s 8,25	Donja	
0006 1	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	2.65	Brooks T12T	
0350	Total Postage & Fees	\$ 13.05		
7007	Ms. Jean Caufield Senses Methor: Corporat Camber Genterpoint Cam Camber Genterpoint Parkwa MC 483-83-156 Pontiac, MI 48341-3147 PS Form 3806, January 20	CRA-05-26	907-0009	
	o rominodoc, danitary 201	<u> </u>	See Reverse for Instructions	