SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Peliver  C. Signature  X  VCA  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
Jean E. Mason, President Mason Chemical Company 721 West Algonquin Road	
Arlington Heights, Illinois 60005	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320 (Transfer from service label)	0005 8910 5232
PS Form 3811, March 2001 Domestic Return Receipt FIFRA-05-2007-0027 <sup>02595-01-M-14</sup>	
U.S. Postal Service CERTIFIED MAIL RECEIPT  (Sonja Brooks-Woodard E-13J	

