

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Ms. Sarah Kuntz
 Dow AgroSciences LLC
 9330 Zionsville Road, Bldg. 308
 Indianapolis, Indiana 46268

FIFRA 05-2011-0007

2. Article Number
(Transfer from service label)

7009 1680 0000 7666 6572

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

FRANK CASSEN

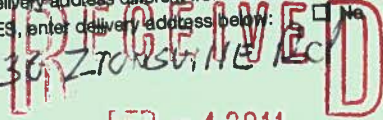
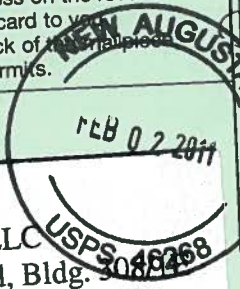
C. Signature

Frank Cassen

Agent
 Addressee

Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

9330 ZIONSVILLE RD



3. Service **REGIONAL HEARING CLERK**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D. **REGION 5**

4. Restricted Delivery? (Extra Fee) Yes

102595-01-M-1424

Domestic Return Receipt