

**U.S. Postal Service™**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

1109107

Package #		Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total Postage **J. P. von Plonski**  
 Von Engineering, Inc.  
 3505 Pearl Drive  
 Monroe, MI 48162

Best Fit

Street, Apt. No. or PO Box No.  
 City, State, ZIP

**DOCKET NO.: SDWA-08-2007-0083**

PS Form 3811, June 2004 See Reverse for instructions

7005 1820 0005 4855 8893

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul> <p>1. Article Addressed to: <span style="float: right; font-size: 1.5em;">RC</span></p> <p><b>J. P. von Plonski</b>          Von Engineering, Inc.          3505 Pearl Drive          Monroe, MI 48162</p> <p><b>DOCKET NO.: SDWA-08-2007-0083</b></p> <p style="font-size: 1.5em; text-align: center;"><b>NOV 09 2007</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><i>J. P. von Plonski</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>JOAN VON PLONSKI</i> <span style="float: right;"><b>11-13</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from <span style="font-size: 1.2em;">7005 1820 0005 4855 8893</span>)</p>	<p style="font-size: 1.5em; text-align: center;"><b>I</b></p> <p style="font-size: 1.5em; text-align: right;"><b>CAIFD</b></p>