SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery-is desired.	A. Received by (Please Print Clearly) B. Date of Delivery 2 3 0 3 0 C. Signature X
1683 N State Route 134 Wilmington, Ohio 45177	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
FIFRA-05-208-00/0 2. Article Number 7001 0320 0005 8	4. Restricted Delivery? (Extra Fee)
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