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 malipiece, or on the front if space permits. 	A Signature X Barb Caravalho Agent Addressee
	B. Received by (Printed Name) C. Date of Delivery Ray to Caravalno 9-28-2012
Article Addressed to:	D. Is delivery address different from item 1? Yes
Ritter Chemical, LLC 26099 Southwest 95th Ave.,	Ste 601
26099 Southwest 95th Ave., S Wilsonville, OR 97070	Ste 601 Certified Mail Express Mail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	1 2970 0000 0876 4705
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540