

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:

Mr. Gary Preis
Mason Chemical Company
721 West Algonquin Road
Arlington Heights, Illinois 60005

FIFRA-05-2007-0027

2. Article Number

(Transfer from service label)

7001 0320 0006 0185 7941

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

L. Dini

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(4 Sonja Brooks-Woodard E-13J

ded)

FIFRA 05-2007-0027

OFFICIAL USE

Postage

\$ 97

Certified Fee

265

Return Receipt Fee
(Endorsement Required)

215

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 577

Postmark
Here

Sent To

Mr. Gary Preis

Street, Apt. No.,
or PO Box No.

Mason Chemical Company

City, State, ZIP+

721 West Algonquin Road

Arlington Heights, Illinois 60005

PS Form 3800, January 2001

See Reverse for Instructions

7941 0185 0006 0320 7001