501	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
ΕO	For delivery information				
~	OFF				
536	Postage	\$			
150	Certified Fee		Morton		
0000	Return Receipt Fee (Endorsement Required)		ax Here 16/11		
	Restricted Delivery Fee (Endorsement Required)		10/10/		
270	Total Postage & Face	¢	,		
П	Nicholas IVI. Tokar				
ГЛ	Sent To	DeFur Voran LLP			
707	Street, Apt. No.;	400 S. Walnut S			
	or PO Box No. City, State, ZIP+4	Muncie,			
	PS Form 3800, Au	FIFRA-08-			

To the second		
SENDER: COMPLETE THIS SECTION	A. Signature  A. Signature  A. Signature  Agent  Addressee  B. Received by Printed Name  C. Date of Delivery  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:	
<ul> <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> <li>1. Article Addressed to:</li> </ul>		
Nicholas M. Tokar DeFur Voran LLP 400 S. Walnut Street, Suite 200 Muncie, IN 47305 FIFRA-08-2017-0005	3. Service Type  Certified Mail	
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7012	2210 0000 5367 8501	
(Transfer from service label)  PS Form 3811, February 2004  Domestic Re	eturn Receipt 102595-02-M-1540	