

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:

Jeffrey L. Woolstrum, Attorney
 Honigman Miller Schwartz & Cohn
 2290 First National Building
 660 Woodward Avenue
 Detroit, MI 48226-3506

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **David Billingsley** B. Date of Delivery **3-21-08**
 C. Signature *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7001 0320 0006 1454 1523

PS Form 3811, March 2001

Domestic Return Receipt

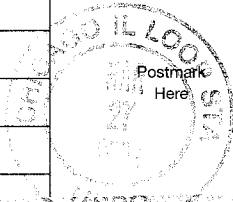
102595-01-M-1424

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

7001 0320 0006 1454 1523

CERCLA-05-2008-0005

Postage \$ **1.14**
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)



Total Postage
 Sent To Jeffrey L. Woolstrum, Attorney
 Honigman Miller Schwartz & Cohn
 Street, Apt. or PO Box # 2290 First National Building
 City, State, ZIP+4 660 Woodward Avenue
 Detroit, MI 48226-3506

PS Form 3800