

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

7012 2210 0000 5369 9780

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Nicholas Tokar
 Defur Voran LLP
 400 S. Walnut Street, Suite 200
 Muncie, IN 47305
 FIFRA-08-2017-0005

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nicholas Tokar
 Defur Voran LLP
 400 S. Walnut Street, Suite 200
 Muncie, IN 47305
 FIFRA-08-2017-0005

C



9590 9402 3196 7166 7845 65

2. Article Number (Transfer from service label)

7012 2210 0000 5369 9780

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nicholas Tokar*

- Agent
 Addressee

B. Received by (Printed Name)

Nicholas Tokar

C. Date of Delivery

11/20/17

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

- Yes
 No

3. Service Type

- Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt