

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:

Don Garant
19151 Mapleview
Detroit, MI 48205

2. Article Number
(Transfer from service label)

7004 2510 0001 9499 0652

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Don Garant** B. Date of Delivery

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.

Restricted Delivery? (Extra Fee) Yes

2007 SEP 24 PM 3:51

RECEIVED REGIONAL HEARINGS DIVISION US EPA REGION 4

FIFRA-05-2007-0030

2590 6646 1000 01652 7004 2510 0001 9499 0652

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Sonja Brooks-Woodard E-13J
FIFRA - 05 - 2007 - 0030

Postage	\$ 1.65
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Postmark Here

Sent To **Don Garant**
Street, Apt. No., or PO Box No. **19151 Mapleview**
City, State, ZIP+ **Detroit, MI 48205**