

**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:

FIFRA-07-2009-0016

James Koch, Operations Manager  
Chemtron Supply Corporation  
d/b/a Chemtron Corporation  
3500 Harry S. Truman Road  
St. Charles, Missouri 63301

2. Article Number  
(Transfer from service label)

7006 2760 0000 8648 6837

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Shelly Ellis*  Agent  
 Addressee

B. Received by (Printed Name)

Shelly Ellis

C. Date of Delivery

4/29/05

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

Domestic Return Receipt

102595-02-M-1540