

7012 2210 0000 5370 2022

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

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

Notion 7/24/17
Postmark Here

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

PS Form 3800, Au

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

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: *JUL 24 2017*

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

2. Article (Transit)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Denise Bland

B. Received by (Printed Name) *Denise Bland*

C. Date of Delivery *7/27/17*

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 Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540