

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:

J. Billy Pirkle, Director EH&S
 Crop Production Services
 6 Executive Drive
 Collinsville, IL 62234-1986

2. Article Number
 (Transfer from service label) **7001 0320 0006 1454 1721**

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Jen Cox* B. Date of Delivery *3/5/08*

C. Signature *Jen Cox* 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

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

7001 0320 0006 1454 1721

CERTIFIED MAIL RECEIPT	
CERCLA-05-2005-0004	
CAFC Postage	\$ 1.94
EAIZM.144 Certified Fee	2.65
SC-6J Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	5.92



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See for Instructions