SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery H-12 Agent Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Mr. Roger Hayes Claire Manufacturing Company	•
Addison, Illinois 60101-4468	3. Service Type Standard Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
FIFRA-05-2007-0023	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service k 7001 0320 0005 8910 5799	
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

U.S. Postal Service CERTIFIED MAIL RECEIPT ided) Sonja Brooks-Woodard E-13J 5799 FIFRA-05-2007-0023 8910 Postage Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here 0002 Restricted Delivery Fee (Endorsement Required) 0350 Total Postage & Fees Sent To Mr. Roger Hayes Street, Apt. No., Claire Manufacturing Company or PO Box No. 1005 Westgate Avenue 7007 City, State, ZIP+4 Addison, Illinois 60101-4468

See Reverse for Instructions