

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) *R. Jolley I* B. Date of Delivery *2-2-07*

C. Signature *R. Jolley I* Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

1. Article Addressed to:

Stanley Abramson
Arent Fox PLLC
1050 Connecticut Ave. NW
Washington, D.C. 20036-5339

FIFRA-05-2007-0019

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0006 0198 4500

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(*R. Jolley I* Sonja Brooks-Woodard E-13J *ded*)

FIFRA-05-2007-0019

Postage	\$.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Postmark Here

Sent To Stanley Abramson
 Street, Apt. No., or PO Box No. Arent Fox PLLC
 1050 Connecticut Ave. NW
 City, State, ZIP+ Washington, D.C. 20036-5339

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0006 0198 4500