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 5-2607 C. Signature X An Autor Addressee
. Article Addressed to:	D. Is delivery address different from item 1? Yes
Don Garant, Partner Norman Manufacturing Company 31473 Utica Road Fraser, Michigan 48026	If YES, enter delivery address below: No No No No No No No No No N
FIFRA-05-2007-0030	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 7001 0320	0005 8932 5760
U.S. Postal Service CERTIFIED MAIL RECEIPT Sonja Brooks-Woodard E-13J FIFRA-05-2007-0030 Postage Certified Fee Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Sent To Don Garant, Partner Street, Apt. No.; Norman Manufacturing Company or PO Box No. 31473 Utica Road City, State, ZiP+ Fraser, Michigan 48026 PS Form 3800. January 2001 See Reverse for Instructions	