008	U.S. Postal Service _{TM} CERTIFIED MAIL _{TM} RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
H3	For delivery information visit our website at www.usps.com				
~	UFF	IVIAL	i Co Co Biant		
5367	Postage	\$	0850		
	Certified Fee		Postmark		
0000	Return Receipt Fee		Here		
	(Endorsement Required)		11/5/19		
_	Restricted Delivery Fee (Endorsement Required)		11/2/1		
270	Total Bastage	James P.	Rathvon		
П	Total Postage James P. Rattivon The Maryland Law Firm of Paley Rothman				
П	Sent To Ine Maryland Law Firm of Floor				
Ä	Street, Apt. No.;	4800 Hampden Lane, 6 th Floor			
701	or PO Box No. Bettiesua, IVID 20011 2001				
•	City, State, ZIP+ FIFRA-08-2020-0001				
	PS Form 3800, August 2006 See Reverse for Instructions				
PS Form 3000, August 2000					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY			
 Complete items 1, 2, and 3. 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. Article Addressed to: James P. Rathvon The Maryland Law Firm of Paley Rothman 4800 Hampden Lane, 6th Floor Bethesda, MD 20814-2930 FIFRA-08-2020-0001 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No				
9590 9402 3365 7227 3987 08 2. Article Number (Transfer from service label) 7012 2210 0000 5367 930		☐ Priority Mall Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Restricted Delivery Domestic Return Receipt			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt			