

**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:

Steve Levy, President  
 Bell Laboratories, Inc.  
 Motomco LTD  
 3699 Kinsman Blvd  
 Madison, WI 53704

**FIFRA-05-2007-0036**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
*Jan Ingram 8/6/07*

C. Signature  
 X *Jan Ingram*  Agent  
 Addressee

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

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 0005 8931 9431**

7001 0320 0005 8931 9431

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Sonja Brooks-Woodard E-13J (ded)  
**FIFRA-05-2007-0036**

Postage, \$	1.48
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

Sent To: Steve Levy, President  
 Bell Laboratories, Inc.  
 Motomco LTD  
 3699 Kinsman Blvd  
 Madison, WI 53704

Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, January 2001 See Reverse for Instructions

