

**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:

Robert Levine, Chief Financial Officer  
 Oxisolv, Inc.  
 14916 Telegraph Road  
 Suite 6  
 Flat Rock, Michigan 48134

**FIFRA-05-2008-0001**

2. Article Number

(Transfer from service label)

7001 0320 0006 0185 8153

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Cindy Desroches 10/22/7

C. Signature

X   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