

- 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. Signature Agent
 Address

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 4/25/07

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

Adam J. Bujoll
 Metalworking Lubricants Company
 25 West Silverdome Industrial Park
 Pontiac, Michigan 48342

Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

CONFIDENTIAL

2. Article Number
 (Transfer from service label)

7009 1680 0000 7647 3859

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LADAWN WHITEHEAD
 U.S. EPA - REGION 5 - E19J
 77 WEST JACKSON BLVD
 CHICAGO, IL 60604

