SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Addressee  D. Is defivery address different partiern 12 Yes
Article Addressed to:	D. Is derivery address different for in item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
A.H.J. Rajamannan, President Agro-K Corporation 8030 Main St. NE	EPCRA-05-2007-0007
	3. Service Type
Minneapolis, MN 55432	Certified Mail  Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320 01	006 0198 4425
PS Form 3811, March 2001 Domestic Ret	turn Receipt 102595-01-M-1424
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