SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 X Une Mc Lan Agent B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 171 Yes If YES, enter delivery address below: DNo
FIFRA-07-209-0016 Dennis A. Dann, General Manager Mason Chemical Company	
721 West Algonquin Road	3. Service Type
Arlington Heights, Illinois 60005	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7006 2760	0000 8650 9956
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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