

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:

Mr. Mark E. Smith
Frontier Distributing
533 South Lapeer Road
Oxford, Michigan 48371

FIFRA-05-2010-0004

2. Article Number
(Transfer from service label)

7001 0320 0006 0191 0769

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *SUSAN B SAUER* B. Date of Delivery *12-11-09*

C. Signature *Susan B Sauer* Agent Addressee

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

RECEIVED
DEC 14 2009

REGIONAL HEARING CLERK

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

4. Restricted Delivery? (Extra Fee) Yes