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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

CA/FO
 4/22/08

Postmark
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Total P: **Michael T. Novak, Esq.**
 Keller and Heckman LLP.
 1001 G Street, NW, Suite 500 West
 Washington, DC 20001

Sent To
 Street, Apt
 or PO Box
 City, State

DOCKET NO.: FIFRA-08-2007-0013

PS Form 3800, August 2006

See Reverse for Instructions

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:

APR 23 2008

Michael T. Novak, Esq.
 Keller and Heckman LLP.
 1001 G Street, NW, Suite 500 West
 Washington, DC 20001

DOCKET NO.: FIFRA-08-2007-0013

Rc

2 7007 1490 0001 4785 6742

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Shirley Dyson Addressee

B. Received by (Printed Name) C. Date of Delivery
 Shirley Dyson 4-25-08

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

CA/FO

102595-02-M-1540

Domestic Return Receipt