

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 mail piece, or on the front if space permits.

1. Article Addressed to: **2008 AUG 29 PM 3:35**

Dr. Donald Bartels
Solon Veterinary Clinic
6475 Richmond Road
Solon, Ohio 44139

FIFRA-05-2008-0025

2. Article Number
(Transfer from service label) **7001 0320 0005 8921 6136**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ALDR** B. Date of Delivery **8-27-08**

C. Signature **X** *D Alder* Agent Addressee

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



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

4. Restricted Delivery? (Extra Fee) Yes