

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

10/24/07

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total P/c	
Name To	Monika Kief, Mng. Genert Kief-Riddell Partnership 630 W. Lakeside Drive Fullerton, CA 92635-1511
Street, Apt. or PO Box	DOCKET NO.: TSCA-08-2007-0007
City, State	

PS Form 3811, June 2004 See Reverse for Restrictions

7005 1820 0005 4855 7513

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>Monika Kief</i></p> <p>B. Received by (Printed Name) <i>MONIKA KIEF</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: OCT 24 2007</p> <p>Monika Kief, Mng. Genert Kief-Riddell Partnership 630 W. Lakeside Drive Fullerton, CA 92635-1511</p> <p>DOCKET NO.: TSCA-08-2007-0007</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> G.D.D.</p>
<p>2. Article Number (Transfer from service)</p> <p style="font-size: 1.5em; font-weight: bold;">7005 1820 0005 4855 7513</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 10295-02-00-1540</p>	