

**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:

John A. Decker  
 Braun Kendrick Finkbeiner P.L.C.  
 4301 Fashion Square Boulevard  
 Saginaw, Michigan 48603

2. Article Number  
 (Transfer from service label)

7009 1680 0000 7671 5911

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *J. Decker*  Agent  Addressee

X *J. Decker*  
 IL ID# *ME100110*  
 D. Is delivery address different from item 1?  Yes  No  
 If Yes, enter delivery address below

JAN 31 2013

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and phone number on this box.

Ann L. Coyle  
 Regional Judicial Officer  
 U.S. EPA - Region 5  
 77 West Jackson Blvd.  
 Chicago, IL 60604

U.S. ENVIRONMENTAL  
 PROTECTION AGENCY  
 JAN 31 2013  
 OFFICE OF REGIONAL  
 COUNSEL

FIFRA 05 20120022