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| <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. | A. Received by (Please Print Clearly) | B. Date of Delivery |
| | <p>Nancy Sandell 6-2-03</p> | |
| 1. Article Addressed to: | C. Signature | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| | <p>X Nancy Sandell</p> | |
| Ms. Nancy A. Sandell Senior Paralegal E. I. DuPont deNemours & Company, Inc. Legal, D7096-2 1007 Market Street Wilmington, DE 19898 | D. Is delivery address different from Item 1? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If YES, enter delivery address below: | |
| 2. Article Number (Transfer from service label) | e Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
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| PS Form 3811, March 2001 | Domestic Return Receipt | 102595-01-M-1424 |

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