158996

PS Form 3811, July 1982

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - [X] Show to whom and date delivered ..... ____¢
   - [ ] Show to whom, date, and address of delivery .. ____¢
2. [ ] RESTRICTED DELIVERY..... ____¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $____

3. ARTICLE ADDRESSED TO: Sam McWilliams
Plant Manager, Ethyl Corp., Edwin Cooper Div. Sauget, IL 62201

4. TYPE OF SERVICE:
   - [ ] REGISTERED
   - [ ] INSURED
   - [X] CERTIFIED
   - [ ] COD
   - [ ] EXPRESS MAIL

ARTICLE NUMBER
P 203687930

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE [ ] Addressee [X] Authorized agent

X [signature]

5. DATE OF DELIVERY
10-1-84

POSTMARK (may be on reverse side)
EAST ST. LOUIS
OCT 1 1984
IL

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT

★ GPO: 1982-379-593

HOPKINS:Sam McWilliams ltr. Edwin Cooper