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PS Form 3800, August 2006

Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Fee _____

Postmark Here

Sent To
 Street, Apt. or PO Box No.
 City, State, ZIP+4

William Shirley
 2 W. Jackson Ave.
 P.O. Box 308
 Iola, Kansas 66749

PS Form 3800, August 2006

Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Fee _____

Sent To
 Street, Apt. or PO Box No.
 City, State, ZIP+4

Mr. Thomas Prosser
 CEO
 Rainbow Treecare Scientific Advancements,
 Inc.
 11571 K-Tel Drive
 Minnetonka, Minnesota 55343

PS Form 3800, August 2006

See Reverse for Instructions Here

See Reverse for Instructions Here

948E TT22 2211 3489
 7010 2780 0001 2211 3489

854E TT22 7000 0822 0001 2780 0001 2211 3489

