

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE
stop sale order

7009 3410 0000 2596 2394

Postage \$		6/22/12	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Pk	Jim Farrer		
	Thermoworks		
Sent To	1762 W. 20 S. #100		
Street, Apt. or PO Box	Lindon, UT 80042		
City, State	DOCKET NO.: FIFRA-08-2012-0007		

PS Form 3800, August 2006 See Reverse for Instructions

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 <input checked="" type="checkbox"/> <i>Jim Farrer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery JUN 25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jim Farrer Thermoworks 1762 W. 20 S. #100 Lindon, UT 80042 DOCKET NO.: FIFRA-08-2012-0007</p> <p>JUN 22 2012</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article (Transit) 7009 3410 0000 2596 2394</p>	<p><i>stop sale order</i></p>