

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

0997
2660
1629
8291
E003
0003
0960
7001

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

JAN 15 2003

Postmark
Here

Sent To

Street, Apt. No.;
or PO Box No.

City, State, ZIP+ 4

**Don Kemper
Pesticide Use Investigator
Pesticide Program
Nebraska Dept of Agriculture
P.O. Box 94756
Lincoln, NE 68509**

PS Form 3800, January 2001

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:

**Don Kemper
Pesticide Use Investigator
Pesticide Program
Nebraska Dept of Agriculture
P.O. Box 94756
Lincoln, NE 68509**

COMPLETE THIS SECTION ON DELIVERY

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

MACHEL C. QUICK

C. Signature

M. Kemper

- Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0360 0003 8291 2660

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

FIFRA-07-2003-0055

*1/27/03 Cy to RGT
MSW*