

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:

FIFRA-07-2009-0020
James Day, Agronomy Manager
Pro Cooperative, Inc.
3333 510th Street
Gilmore City, Iowa 50541

2. Article Number

(Transfer from service label)

7004 2510 0006 9722 0003

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mark Hambleton

- Agent
 Addressee

B. Received by (Printed Name)

MARK Hambleton

C. Date of Delivery

9/14/09

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes