SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent
	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
1. Article Addressed to: AUG 1 3 2008 Mr. Rudy Vanderwal, Owner IBA Dairy Depot	If YES, enter delivery address below:
1461 43 rd Street Unit 1 Evans, CO 80620	3. Service Type ☐ Certified Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Docket # FIFR A-08-2008-0036	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0390 0000 4847 1903
	Return Receipt 102595-02-M-1540