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-07-2009-0035

Ron Jacobs
Nebraska Chemical & Supply LLC
~~2361 N Highway 385 #2~~
Alliance, Nebraska 69301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Misty Bownla
☒ Agent
☐ Addressee

B. Received by *(Printed Name)* Misty Bownla
C. Date of Delivery 8-22-09

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

Po Box 7

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
(Transfer from se 7006 2760 0000 8651 0235

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540