

**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-07-2007-0017  
 Max Birney, President  
 Max Birney Aerial Spraying, Inc.  
 2151 190<sup>th</sup> Street  
 Copeland, Kansas 67837

2. Article Number  
 (Transfer from)

7004 2510 0006 9720 3099

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Mary M. Rhoad*  Agent  
 Addressee

B. Received by (Printed Name)

*Mary M. Rhoad* 10-10-07

C. Date of Delivery

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 2510 0006 9720 3099

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
 OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Max Birney, President  
 Max Birney Aerial Spraying, Inc.  
 2151 190<sup>th</sup> Street  
 Copeland, Kansas 67837

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions