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J. Billy Pirkle, Sr., Director, EHS
Crop Production Services, Inc.
 7251 W. 4th Street
 Greeley, CO 80634

DOCKET NO.: FIFRA-08-2010-0010

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>J. Billy Pirkle, Sr.</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>4-2-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: <i>APR</i></p> <p>J. Billy Pirkle, Sr., Director, EHS Crop Production Services, Inc. 7251 W. 4th Street Greeley, CO 80634</p> <p>DOCKET NO.: FIFRA-08-2010-0010</p>		<p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. A. <i>I</i></p> <p>7008 3230 0003 0730 0200</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>10000-02-N-1040</p>	

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3/31/2010

Adam S. Cohen
 Davis Graham and Stubbs, LLP
 1550 Seventeenth Street, Suite 500
 Denver, CO 80202-1500

DOCKET NO.: FIFRA-08-2010-0010

7008 3230 0003 0730 0194

PS Form 3811, August 2004 See Reverse for PSN and Instructions

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1. Article Addressed to: APR 1 2010

Adam S. Cohen
 Davis Graham and Stubbs, LLP
 1550 Seventeenth Street, Suite 500
 Denver, CO 80202-1500

DOCKET NO.: FIFRA-08-2010-0010 H

COMPLETE THIS SECTION ON DELIVERY

A. Signature: M. Schmeier Agent Addressee

B. Received by (Printed Name) C. Date of Delivery: 4/2

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

2. Service Type: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article No. (Postnet) 7008 3230 0003 0730 0194

BAIFD