

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

7006 1830 0000 5157 2267

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		C

11/23/09
 Postmark
 Here

Send To	Stefan Mumula
Street / or P.O. Box	Murdoch's 120 Beckers Circle
City, State	Evanston, WY 82930
PS Form	Docket No.: FIFRA-08-2010-0003

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: NOV 23 2009

Stefan Mumula
 Murdoch's
 120 Beckers Circle
 Evanston, WY 82930
 Docket No.: FIFRA-08-2010-0003

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) **7006 1830 0000 5157 2267** *STOP SOL*