

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

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OFFICIAL USE

Postage \$	9/30/13 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post **Pat Brunelle, Owner**
Brunelle Pest Control

Sent To 6209 LRI Drive
 Street, Apt. Wolf Point, MT 59201
 or PO Box # **DOCKET NO.: FIFRA-08-2013-0001**
 City, State, & ZIP+4®

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0726 3321

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Pat Brunelle, Owner Brunelle Pest Control 6209 LRI Drive Wolf Point, MT 59201 DOCKET NO.: FIFRA-08-2013-0001</p> </div> <p style="text-align: center; margin-top: 10px;">9-30-13 W</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Pat Brunelle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>G. Brunelle</i> 10-8-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from)</p> <p style="font-size: 1.2em; font-weight: bold;">7008 3230 0003 0726 3321</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>