

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

7009 3410 0000 2599 0885

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

9/30/11

Postmark
Here

To: **Robert N. Reynolds, Jr., President**
Shake-Away, Inc.
 2330 Whitney Avenue
 Hampden, CT 06518

Ser.
Stn.
or F.
City

DOCKET NO.: FIFRA-08-2011-0016

PS Form 3800, August 2006

See Reverse for Instructions

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:

Robert N. Reynolds, Jr., President
 Shake-Away, Inc.
 2330 Whitney Avenue
 Hampden, CT 06518

DOCKET NO.: FIFRA-08-2011-0016

2. Art (7z) 7009 3410 0000 2599 0885

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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