

4794
5963
9000
0860
7002

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pc		
Sent To	John T. Davis	
	Yates Center Elevator, Inc.	
	709 N. Pratt	
Street, Ap or PO Box	Yates Center, Kansas 66783	
City, State,		
PS Form 3800, April 2002		
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:
FIFRA-07-2005-0235

John T. Davis
Yates Center Elevator, Inc.
709 N. Pratt
Yates Center, Kansas 66783

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Davis Agent Addressee

B. Received by (Printed Name) **Tom Davis** C. Date of Delivery **8/24/05**

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

2. Article Number (Transfer from service lab) **7002 0860 0006 5963 4794**