

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:

Ronald L. Horst, Acting Director
National Animal Disease Center
2300 Dayton Ave., Room 104
Ames, IA 50010-0070

2. Article Number
(Transfer from service label)

7004 2510 0006 9726 1594

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *2 DUNAHOO* C. Date of Delivery *4-3-06*

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

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

7004 2510 0006 9726 1594

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

Total

Sent
Street or PO Box
City

Ronald L. Horst, Acting Director
National Animal Disease Center
2300 Dayton Ave., Room 104
Ames, IA 50010-0070

MAR 29 2006

Postmark Here

PS Form 3800, June 2002

See Reverse for Instructions

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1. Article Addressed to:

Edward Knipling, Administrator
Agricultural Research Service Room 302A
1400 Independence Ave., S.W.
Jamie Whitten Federal Building
Washington, D.C. 20250

2. Article Number
(Transfer from service label)

7004 2510 0006 9726 1600

Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

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:

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7004 2510 0006 9726 1600

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

Total Post

Sent To
Street, Apt or PO Box
City, State

Edward Knipling, Administrator
Agricultural Research Service Room 302A
1400 Independence Ave., S.W.
Jamie Whitten Federal Building
Washington, D.C. 20250

MAR 29 2006

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PS Form 3800, June 2002

See Reverse for Instructions