

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Received by (Please Print Clearly) *K. Schmeder* B. Date of Delivery *3-7-08*

C. Signature *K. Schmeder* Agent Addressee

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

1. Article Addressed to:
**Christopher J. Riley, General Council
and Secretary
McLaughlin Gormley King Company
8810 Tenth Avenue North
Minneapolis, MN 55427-6437**

FIFRA-05-2008-0011

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 *7001 0320 0006 1456 1859*
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

U.S. Postal Service

CERTIFIED MAIL RECEIPT

Sonja Brooks- Woodard E-13J

(provided)

OFFICIAL USE

7001 0320 0006 1456 1859

Postage	\$ 114
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 594



FIFRA-05-2008-0011

Sent To **Christopher J. Riley, General Council
and Secretary
McLaughlin Gormley King Company
8810 Tenth Avenue North
Minneapolis, MN 55427-6437**

PS Form 3800, January 2001

See Reverse for Instructions