

**SENDER: COMPLETE THIS SECTION**

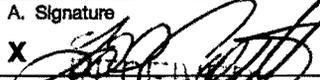
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark Lejune  
 Bio-Gro, Inc.  
 P.O. Box 1004  
 Sunnyside, WA 98944

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

- Agent  
 Addressee

B. Received by (Printed Name)

Todd Coletti

C. Date of Delivery

10.3.11

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

PO BOX 326  
 EPA - REGION 10  
 Mabton WA 98935

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2 7010 1004 388 3178 FIFRA 10 2011 0110