

7012 2210 0000 5367 8921

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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CAFO
Postmark Here
11/14/19

Dean Sommer
Young/Sommer LLC Attorneys at Law
Executive Woods, Five Palisades Dr
Albany, NY 12205
FIFRA-08-2020-0002

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Dean Sommer
Young/Sommer LLC Attorneys at Law
Executive Woods, Five Palisades Dr
Albany, NY 12205
FIFRA-08-2020-0002



9590 9402 3365 7227 3986 30

2. Article Number (Transfer from service label)

7012 2210 0000 5367 8921

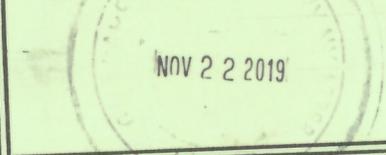
PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
Kristina...
C. Date of Delivery
11/22

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt