7012 2210 0000 5367 8464

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

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

CAFO
8/29/17
Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Bruce Gelting
Rentokil North America, Inc.
1125 Berkshire Blvd., Suite 150
Wyomissing, PA 19610
FIFRA-08-2017-0007

PS Form 3800, Aug

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.

AUG 30 2017

1. Article Addressed to:

Bruce Gelting
Rentokil North America, Inc.
1125 Berkshire Blvd., Suite 150
Wyomissing, PA 19610
FIFRA-08-2017-0007

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CAFO

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dan Pietrobono ☑ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 9-5-17

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

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 label)* 7012 2210 0000 5367 8464

PS Form 3811, February 2004 Domestic Return Receipt 102595-M-1540