SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Signature Agent X and a contract Addressee B. Received by (Printed Name) C. Date of Optivery and a contract 7/27/09
1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
FIFRA - 07-2009 - 0017 Wesley H. Hitchcock Wild West Pest, LLC	
	3. Service Type Certified Mall D Express Mall Registered Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	8651 0051

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