

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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**OFFICIAL USE**

7006 3230 0003 0729 5551

Postage \$		9/28/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>Ladd Hales</b> <b>Palvant Growers, LLC.</b> 2486 West 5000 North Delta, UT 84624	
Sent to	<b>DOCKET NO.: FIFRA-08-2010-0016</b>	
Street APT / or PO Box N		
City, State, Z.		
PS Form 3811, August 2005 <span style="float: right;">See Reverse for Instructions</span>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If YES, enter delivery address below.</p>
1. Article Addressed to: <span style="float: right;">SEP 28 2010</span> Ladd Hales Palvant Growers, LLC. 2486 West 5000 North Delta, UT 84624 DOCKET NO.: FIFRA-08-2010-0016	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article (Item) # <span style="float: right;">S</span> 7006 3230 0003 0729 5551	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102205-00-M-1040</span>	