

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

7008 3230 0003 0727 6796

|   |  |
|---|--|
| Postage \$  |  |
| Certified Fee                                     |  |
| Return Receipt Fee<br>(Endorsement Required)      |  |
| Restricted Delivery Fee<br>(Endorsement Required) |  |

Postmark  
Here

Total Postage **John Vanderhart**  
**Horizon Inc. And Subsidiaries**  
 38619 Boulder Canyon Road  
 Boulder, CO 80302

|                               |  |
|-------------------------------|--|
| Sent To                       |  |
| Street, Apt. #<br>or PO Box N |  |
| City, State, Z                |  |

DOCKET NO.: FIFRA-08-2015-0001

PS Form 3800, August 2006

See Reverse for Instructions

| 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<br/>  <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/>                 Jeanne Vanderhart</p> <p>C. Date of Delivery<br/>                 MAR 03 2015</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p><b>John Vanderhart</b><br/> <b>Horizon Inc. And Subsidiaries</b><br/>                 38619 Boulder Canyon Road<br/>                 Boulder, CO 80302</p> <p>DOCKET NO.: FIFRA-08-2015-0001</p>  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>   |
| <p>2. Article Number<br/>                 (7) 7008 3230 0003 0727 6796</p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |