

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JEAN GROTHBERG</p> <p>C. Date of Delivery 8/31/15</p>
<p>1. Article Addressed to: AUG 28 2015</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>
<p>MaryKay Yeley, Registered Agent 2311 No. 7th Avenue Bozeman, MT 59715-0000</p> <p>DOCKET NO.: FIFRA-08-2015-0005</p>	<p>Service Type</p> <p><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.</p>
<p>2. F 7008 3230 0003 0727 6932</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7008 3230 0003 0727 6932

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		MaryKay Yeley, Registered Agent

Sent To: **MaryKay Yeley, Registered Agent**
 2311 No. 7th Avenue
 Bozeman, MT 59715-0000

Street, or PO Box: _____
 City, State: _____

DOCKET NO.: FIFRA-08-2015-0005

PS Form 3800, August 2006 See Reverse for Instructions

stop sale

08/31/15