

7012 2210 0000 5370 1940

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 & Fees	¢

Delivered
7/21/16
 Postmark Here
CAFD 7/18

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

Kelly C. Green
 Birko Corporation
 9152 Yosemite Street
 Henderson, CO 80240
 FIFRA-08-2016-0007

PS Form 3800, Aug

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 <i>x Susan Thomas</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> <i>Susan Thomas</i></p> <p>C. Date of Delivery <input checked="" type="checkbox"/> <i>7-21-16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>EQ</i></p> <p>Kelly C. Green Birko Corporation 9152 Yosemite Street Henderson, CO 80240 FIFRA-08-2016-0007</p> <p><i>COS 7/18</i></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 2210 0000 5370 1940</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540