

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Don Friesen, Manager
Valley Agronomics, LLC
P.O. Box 175
Paul, ID 83347

RECEIVED
OCT 29 AM
HEARINGS
EPA--REG

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Vicki Larsen Agent
 Addressee

B. Received by (Printed Name) *Vicki Larsen*

C. Date of Delivery *10/25/07*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 0810 0003 8941 2960

Fisra 10-08-0010