

7009 3410 0000 2596 2639

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

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OFFICIAL USE

Postage	\$	9/18/2012	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Pc	Michael Whalen, President Sentry Biologicals, Inc.		
Sent To	610 Central Avenue		
Street, Apt or PO Box	Billings, MT 59102		
City, State	DOCKET NO.: FIFRA-08-2012-0016		

PS Form 3800, August 2006

See Reverse for Instructions

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: **SEP 18 2012**

Michael Whalen, President
Sentry Biologicals, Inc.
610 Central Avenue
Billings, MT 59102
DOCKET NO.: FIFRA-08-2012-0016

⑦

2. Article Number (Transfer from) **7009 3410 0000 2596 2639**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Casey Elwell Agent
 Addressee

B. Received by (Printed Name) **CASEY ELWELL** C. Date of Delivery

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