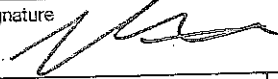

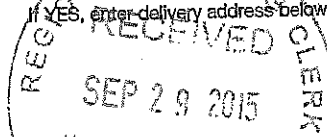



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  Mr. Rhett Atkins Red Eagle International LLC 5143 S. Edgewood Drive, Suite 3 Lakeland, Florida 33813  <b>FIFRA-05-2015-0046</b> <i>CAFD</i>	B. Received by (Printed Name) <b>RHETT ATKINS</b>	C. Date of Delivery <b>9-21-15</b>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>PS Form 3811, February 2004</b>		
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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 1150 0000 2641 7154	<b>Domestic Return Receipt</b>	
<b>102595-02-M-1540</b>	<b>102595-02-M-1540</b>	

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