

0000 2596 3100 7009 3410 0000 2596 3100

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Postmark Here  
 6/11/2012

**Brian Keator**  
 Total **Menards**  
 6220 Menard Drive  
 Casper, WY 82609

Sent To \_\_\_\_\_  
 Street, or PO E \_\_\_\_\_  
 City, St \_\_\_\_\_

**DOCKET NO.: FIFRA-08-2012-0005**

PS Form 3800, August 2006 See Reverse for Instructions

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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>MariSSa Hester</i></p> <p>B. Received by (Printed Name)  <i>MariSSa Hester</i></p> <p>C. Date of Delivery  <i>6/13/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Brian Keator</b>  <b>Menards</b>          6220 Menard Drive          Casper, WY 82609  <b>DOCKET NO.: FIFRA-08-2012-0005</b></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>2. Article Number (Trans) <b>7009 3410 0000 2596 3100</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>H JUN 11 2012</p> <p><i>stop sale order</i></p>	