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Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Postmark Here
07/03/08

Total Pieces: **Richard Barnes, President**
 Sent To: **Sunshine Pool Products**
 902 West 2010 South
 Syracuse, UT 84075
 Street Apt. Rm. or PO Box No.: **DOCKET NO.: FIFRA-08-2008-0015**
 City, State, Z:

PS Form 3811, August 2006 See Reverse for Instructions

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Richard Barnes</i></p> <p>B. Received by (Printed Name) <i>Richard Barnes</i> C. Date of Delivery <i>7/3/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Richard Barnes, President Sunshine Pool Products 902 West 2010 South Syracuse, UT 84075</p> <p>DOCKET NO.: FIFRA-08-2008-0015</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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>

RC *JUL 03 2008* *8*

2. Article Num (transfer fr): **7007 2560 0002 6445 1870** *CA/PO*