

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:

Ms. Ronda Bayer
Valspar Corporation
1101 S. Third St.
Minneapolis, Minnesota 55415-1211

2. Article Number (Transfer from Service label)

7001 0320 0006 0185 8535

PS Form 3817, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 R. P. Selvin
 Agent
 Addressee

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

FIFRA-05-2007-0039

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Delivered to Addressee)

FIFRA-05-2007-0039

Postage	\$ 114
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 594

Postmark Here

Sent To
 Ms. Ronda Bayer
 Valspar Corporation
 Street, Apt. No., or PO Box No. 1101 S. Third St.
 City, State, ZIP+4 Minneapolis, Minnesota 55415-1211

PS Form 3800, January 2001 See Reverse for Instructions

RECEIVED
 2007 SEP 17 11:30
 7001 0320 0006 0185 8535