

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

7012 2210 0000 5367 5104

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

Postmark
Here

9/30/16

CAFO

Total Postage & Adam Wood
 Mission Land & Landscape
 43569 North Foothills Drive
 Ronan, Montana 59864

Sent To
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+4

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: **T**
 Adam Wood
 Mission Land & Landscape
 43569 North Foothills Drive
 Ronan, Montana 59864

SEP 30 2016

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by, (Printed Name) **Michelle Wood**
 C. Date of Delivery **10/4/16**
 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

FIFRA-08-2016-003 CAFO

2. Article Number
 (Transfer from service label)

7012 2210 0000 5367 5104

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540