

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

7009 3410 0000 2594 7544

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

8/18/2011

Postmark
Here

Total Pc **Hugh L. Wilson, CFO**
American Silver/AM Biotech Labs
 Sent To 80 West Canyon Crest Road
 Alpine, UT 84004

Street, Ap
or PO Box
City, State

DOCKET NO.: FIFRA-08-2011-0010

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:

AUG 18 2011

Hugh L. Wilson, CFO
 American Silver/AM Biotech Labs
 80 West Canyon Crest Road
 Alpine, UT 84004

DOCKET NO.: FIFRA-08-2011-0010

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/20/11

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

2. Article Num-
(Transfer from)

7009 3410 0000 2594 7544

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540