

**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:

Jeffrey Pederson  
 Pederson & Pederson, P.A.  
 24 Colfax Ave. Southwest  
 P.O. Box 623  
 Wadena, MN 56482-0623

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 8/13/07

C. Signature X L Pederson  Agent  Addressee

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

**FIFRA-05-2007-0038**

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 Number (Transfer from service label) 7001 0320 0005 8931 9264

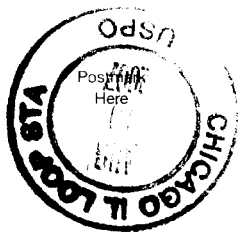
7001 0320 0005 8931 9264

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Coverage Provided)

Sonja Brooks-Woodard E-13J

**FIFRA-05-2007-0038**

Postage	\$ <u>97</u>
Certified Fee	<u>265</u>
Return Receipt Fee (Endorsement Required)	<u>235</u>
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>537</u></b>



Sent To Jeffrey Pederson  
 Pederson & Pederson, P.A.  
 Street, Apt. No., or PO Box No. 24 Colfax Ave. Southwest  
 City, State, ZIP+4 P.O. Box 623  
 Wadena, MN 56482-0623

PS Form 3800, January 2001 See Reverse for Instructions