

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Mark Silvey</i> <input type="checkbox"/> Agent  <b>X</b> MARK SILVEY <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Colicade, Ohio</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>5/14/16</i></p>
<p>FIFRA-07-2010-0009</p> <p>Kathryn A. Larkins  Shook, Hardy &amp; Bacon L.L.P.  2555 Grand Boulevard  Kansas City, Missouri 64108</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number  (Transfer from s <i>7006 2760 0000 8647 7361</i>)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right;">102595-02-M-1540</p>	