

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
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| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x L Shaper</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>L Shaper</i> 10-26</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">MagnoGro Corporation 811 East 23rd Street, Unit H Lawrence, KS 66046</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number 7006 2760 0000 8646 4965 (Transfer from service lat)</p> | | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | | |