

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

7008 3230 0003 0730 0149

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

5/26/2011
 Postmark Here

Total Postage

**Bonnie Brummond
 Murdocks**
 370 Miracle Street
 Evansville, WY 82636

Sent To

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

DOCKET NO.: FIFRA-08-2011-0003

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:

**Bonnie Brummond
 Murdocks**
 370 Miracle Street
 Evansville, WY 82636

DOCKET NO.: FIFRA-08-2011-0003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 5-28-11

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. 7008 3230 0003 0730 0149

Stop Sale