

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 2596 2684

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

9/18/2012

Postmark
Here

Total P **Rodney B. Larkin, President**
Infection Control Technology

Sent To
 Street, A
 or PO Box
 City, State

P. O. Box 160526
 Clearfield, UT 84016
DOCKET NO.: FIFRA-08-2012-0011

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: SEP 18 2012

Rodney B. Larkin, President
Infection Control Technology
 P. O. Box 160526
 Clearfield, UT 84016
DOCKET NO.: FIFRA-08-2012-0011

(2)

2. Article
(Tran)

7009 3410 0000 2596 2684

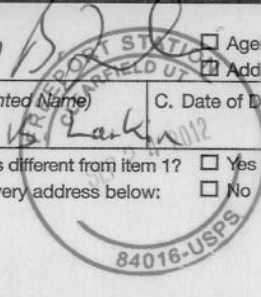
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Rodney B. Larkin* Agent Addressee
- B. Received by (Printed Name) *Rodney B. Larkin* C. Date of Delivery *9/18/2012*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

CA/FO