SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. eceived by (Printed Name) gte of Delivery Attach this card to the back of the mailpiece, WAGE 241 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: □ No If YES, enter delivery address below: PEST Rec'd SEP ○ 200**5** Mr. Don A. Peterson Reg. Agent for Blue Valley Labs, Inc. 1100 Main Street, Suite 2620 Service Type Kansas City, MO 64105 Certified Mail Registered ☐ Express Mail ☐ Return Receipt for Merchandise Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 2510 0006 9726 9231 (Transfer from service label) PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

U.S. Postal Service™ CERTIFIED MAIL RECEIPT Postage 9000 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 5 U Total Posta Mr. Don A. Peterson 100 Reg. Agent for Blue Valley Labs, Inc. 1100 Main Street, Suite 2620 Street, Apt. N or PO Box No Kansas City, MO 64105 City, State, Zi

PS Form 3800, June 2002