

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7007 2560 0002 6445 0910

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

7/24/08

Postmark  
Here

Total Po **Marcy Orwid, Chief Financial Officer**  
 Orwig's Livestock Supplements, Inc.

Sent To P. O. Box 4  
 Ellendale, ND 58436-0004

Street, Apt or PO Box  
 City, State  
**DOCKET NO.: FIFRA-08-2008-0021**

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:

RC 0

Marcy Orwid, Chief Financial Officer  
 Orwig's Livestock Supplements, Inc.  
 P. O. Box 4  
 Ellendale, ND 58436-0004

DOCKET NO.: FIFRA-08-2008-0021

7/24/08

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **McOrwig** C. Date of Delivery **7-28-08**

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. Article No. (Transfer) 7007 2560 0002 6445 0910

CAIRO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540