

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:

Khaled Zeitoun, Acting President
Agricare, Inc.
P.O. Box 399
Amity, OR 97101

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Khaled Zeitoun Addressee
- B. Received by (Printed Name) *Khaled Zeitoun*
- C. Date of Delivery *10-7-09*
- D. Is delivery address different from item 1? Yes
If Yes, enter delivery address below: No

RECEIVED
09 OCT 13 AM 10:03
HEARINGS CLERK
DPA - REGION 10

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

7009 0820 0001 6410 4848 *FIFRA 10.09.0246*