SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 12-14-45 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Article Addressed to:	
FIFRA-07-2000-0250	
Paul Lemert, General Manager Harvest Brands, Inc. P.O. Box 46 Pittsburgh, Kansas 66762	3. Service Type Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service k 7004 2510	0006 9719 8241
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540