

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 envelope.

Paul M. Seby, Esq. NOV 19 2008
Terri L. Rithner, Esq.
Moy White LLP
16 Market Square, 6th Floor
1400 16th Street
Denver, CO 80202

DOCKET NO.: FIFRA-08-2008-0024
RC m

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Kinnor Devasura 11/19/08

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

7007 3020 0003 3320 8934

Domestic Return Receipt

102595-02-M-1540