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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 □ O □ 14 D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
1. Article Addressed to: Docket Fifra 0820140009	If YES, enter delivery address solow.
Thrive Holdings, LLC 389 South 1300 West Pleasant Grove, UT 84062,	3. Service Type Certified Mail
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2. Article Number 7008 3230 0003	
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