

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: **JUL 01 2016**

#FIFRA-08-2016-0004

Joni Casper, Registered Agent
Bioxy USA, LLC
626 Treven Place
Draper, UT 84020

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Joni Casper Addressee

B. Received by (Printed Name) C. Date of Delivery

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 Number
(Transfer from service label)

7009 3410 0000 2600 1504