

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: <p style="font-size: 1.5em; margin: 0;">FIFRA-07-2007-0018</p> <p>Bruce Klyn President Roerman Feed and Grain, Inc 402-406 South Street, PO Box 158 Blakesburg, Iowa 52536</p> | B. Received by (Printed Name) <p>Bruce Klyn</p> | C. Date of Delivery <p>9-14-07</p> |
| 2. Article Number (Transfer) | D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | | |