Complete items item 4 if Restricte Print your name a so that we can be	1, 2, and 3. Also complete ed Delivery is desired. and address on the reverse sturn the card to you. the back of the mailpiece, space permits.	A. signature  B. Received by (P	SECTION ON DELIVERY  Agent Addresse C. Date of Delivery
Article Addressed to	SEP 3 0 2010	D. Is delivery addres	ss different from item 1? Yes
Dennis St 1308 Blue U.S. High	okebrand chorse Flats		Stakener
Mission, S	D 57555	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
. Article Number		4. Restricted Delivery	? (Extra Fee)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Agent  Addresse  B. Received by ( Printed Name)  C. Date of Deliver	
1. Article Addressed to: SEP 3 0 2010	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:  Yes  No  Takene Takebyane	
Wendy Mealer P.O. Box 324		
Mission, SD 57555	3. Service Type Certified Mail Registered Insured Mail C.O.D.	
0.411.41	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7004 1350	0001 5669 3310	

	A TOTAL CONTRACTOR OF THE PARTY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: SEP 3 0 2010	D. Is delivery address different from item 1?   If YES, enter delivery address below: No
Dennis Stokebrand P.O. Box 324	Clotono Hochtand
Mission, SD 57555	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service lat 7004 135	0001 5669 3297
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	ON	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your Attach this card to the back of the roor on the front if space permits.</li> </ul>	ed. e reverse	A Signature  A Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver	
1. Article Addressed to:  SEP 3 0 2010  Wendy Mealer 1308 Bluehorse Flats		D. Is delivery address different from item 1?  Yes If YES, enter delivery address below: No Wese Yes Shows I No	
U.S. Highway 18 Mission, SD 57555	0	3. Service Type Certified Mail	
	B	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from se 7004 1	350 000	1 5669 3327	
S Form 3811, February 2004	Domestic Ret	urn Receipt 102595-02-M-1544	

FIFRA-08-2010-0017