	I .
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. Article Addressed to: FIFRA-07-2009 - 00333 Steven J. Kruse Kruse Fertilizer Service 	A. Signature A. Signature A. Signature A. Signature A. Signature B. Received by (<i>Printed Name</i>) STEVEN STEVEN C. Date of Delivery G/21/09 JL C. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
810 29 th Road Little River, Kansas 67457	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0001	0 8651 0259
PS Form 3811, February 2004 Domestic Ret	

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