

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7009 3410 0000 2596 2929

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Roxie Malara Malara Gardents 7190 Kipling Street Arvada, CO 80004 DOCKET NO.: FIFRA-08-2012-0008	
Street, Apt. or PO Box		
City, State		

6/28/2012

PS Form 3800, August 2006 See Reverse for Instructions

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery R Malara 6:29	
1. Article Addressed to: Roxie Malara Malara Gardents 7190 Kipling Street Arvada, CO 80004 DOCKET NO.: FIFRA-08-2012-0008		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from) 7009 3410 0000 2596 2929		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.	
JUN 28 2012		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	