

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:

Mr. Ronald E. Mowen, General Manager
 Allerton Supply Co., Inc
 309 East Yates Street
 PO Box 200
 Allerton, Illinois 61810

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Sherrod Slack* B. Date of Delivery *11-29-06*
 C. Signature *X Sherrod Slack* Agent Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

FIFRA-05-2007-0010

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 (Copy from servi

7001 0320 0005 8910 5973

PS Form 3811, July 1999

Domestic Return Receipt

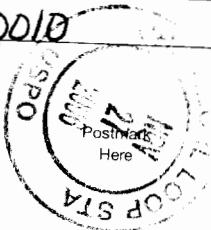
102595-99-M-1789

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**

Sonja Brooks-Woodard E-13J *(provided)*

FIFRA-05-2007-0010

Postage	\$ <i>87</i>
Certified Fee	<i>240</i>
Return Receipt Fee (Endorsement Required)	<i>185</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>512</i>



Sent To *Mr. Ronald E. Mowen, General Manager*
Allerton Supply Co., Inc
 Street, Apt. No. or PO Box No. *309 East Yates Street*
 PO Box No. *PO Box 200*
 City, State, ZIP *Allerton, Illinois 61810*

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0005 8910 5973