

**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:

L.D. Kirk, President  
 Porter Hybirds, Incorporated  
 1683 N State Route 134  
 Wilmington, Ohio 45177

**FIFRA-05-2008-0010**

2. Article Number

(Transfer from service label)

7001 0320 0006 1456 1767

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

3/5/08

C. Signature

X

*Jan Kidd*

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

Sonja Brooks-Woodard E-13J (provided)

**FIFRA-05-2008-0010**

7001 0320 0006 1456 1767

|  |                |
|--|----------------|
| Postage  | \$ 1.92        |
| Certified Fee                                  | 2.25           |
| Return Receipt Fee (Endorsement Required)      | 2.15           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 6.32</b> |



Sent To  
 Street, Apt. No., or PO Box No. L.D. Kirk, President  
 Porter Hybirds, Incorporated  
 City, State, ZIP+4 1683 N State Route 134  
 Wilmington, Ohio 45177

PS Form 3800, January 2001

See Reverse for Instructions