

**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: *ENT-L H*

**Mr. Justin C. Reber, President**  
**OmniLytics, Inc.**  
**5450 W. Wiley Post Way,**  
**Salt Lake City, Utah 84116**

*SEP 28 2007*

2. Article Number  
(Transfer from service label)

7005 1820 0005 4855 5236

PS Form 3811, February 2004

Domestic Return Receipt

*FIFRA-08-2007-0014*

**COMPLETE THIS SECTION ON DELIVERY**

Signature *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *OCT 01 2007*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



**Service Type**

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes