

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

7012 2210 0000 5367 8495

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

CAFO  
 Postmark Here  
 10/10/17

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 PS Form 3800, Aug 2003

Prescott Atkinson  
 Bedroom Guardian LLC  
 1712 Pioneer Avenue, #201  
 Cheyenne, WY 82001  
 FIFRA-08-2018-0001

**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:

Prescott Atkinson  
 Bedroom Guardian LLC  
 1712 Pioneer Avenue, #201  
 Cheyenne, WY 82001  
 FIFRA-08-2018-0001

OCT 11 2017

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
 X Sharon Kunz

B. Received by (Printed Name)  
 Sharon Kunz

C. Date of Delivery  
 10/13/17

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

2. Article Number (Transfer from service label) 7012 2210 0000 5367 8495