

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:

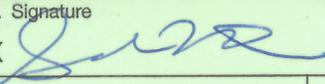
OCT 24 2017

Attn: Ben Card
Arlington Scientific
1840 N Technology Drive
Springville, Utah 84663

B

FIFRA-08-2017-0008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X  Agent
 Addressee

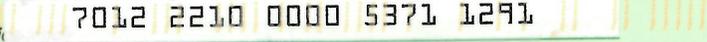
B. Received by (Printed Name) _____ C. Date of Delivery 10/30/17

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

3. Service Type

<input 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.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number  7012 2210 0000 5371 1291