

7007 1490 0001 4774 8966

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

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$	9/8/09 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	←	

Sent To: **Elizabeth Campbell**
 Owner, Secretary, Treasurer
 Campbell Aviation Inc.
 P.O. Box 166
 Dutton, MT 59433
 Docket No.: FIFRA-08-2009-0017

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: **SEP 9 - 2008**

Elizabeth Campbell
 Owner, Secretary, Treasurer
 Campbell Aviation Inc.
 P.O. Box 166
 Dutton, MT 59433
 Docket No.: FIFRA-08-2009-0017

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Elizabeth Campbell Addressee

B. Received by (Printed Name) **Elizabeth Campbell** C. Date of Delivery

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) **7007 1490 0001 4774 8966**

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1545