

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:

Ranelle Leier
 Oppenheimer Wolff &
 Donnelly
 Plaza VII, Suite 3300
 45 S. Seventh St.
 Minneapolis, MN 55402

2. Article Number

(Transfer from service label) **7001 0320 0006 1562 3457**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

[Signature] 2/13/08

C. Signature

X Matthew Thuan 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

PS Form 3811, March 2001

Domestic Return Receipt

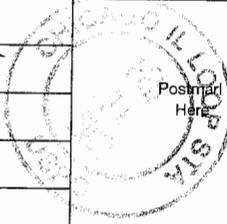
102595-01-M-1424

FIFRA-05-2008-0008

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

Brooks-Woodard E-13JE

Postage	\$ 148
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 628



FIFRA-05-2008-0008

Sent To **Ranelle Leier**
 Street, Apt. No.,
 or PO Box No. **45 S. Seventh St.**
 City, State, ZIP+4
Minneapolis, MN 55402

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0006 1562 3457