

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

7012 2210 0000 5367 8242

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

CAFO
 Postmark Here
 6/4/19

Jim Nokes
 J & J Produce Inc.
 1815 West Gentile Street
 Layton, UT 84041
 FIFRA-08-2019-0001

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006

See Reverse for Instructions

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:

JUN 05 2019

Jim Nokes
 J & J Produce Inc.
 1815 West Gentile Street
 Layton, UT 84041
 FIFRA-08-2019-0001

2. Article Number
 (Transfer from service label)

7012 2210 0000 5367 8242

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim Nokes* Agent
 Addressee

B. Received by (Printed Name)

Jim Nokes

C. Date of Delivery

6/10/19

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes