

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

7009 3410 0000 2595 5655

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

3/5/2013

Postmark
Here

Total Post: **Richard Molenda, Registered Agent**

Sent To: **Western Bee Supplies, Inc.**
 P. O. Box 190/Five 9th Avenue East
 Polson, MT 59860
 City, State, Z: **DOCKET NO.: FIFRA-08-2013-0002**

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:

Richard Molenda, Registered Agent
Western Bee Supplies, Inc.
 P. O. Box 190/Five 9th Avenue East
 Polson, MT 59860
DOCKET NO.: FIFRA-08-2013-0002

▶ MAR - 6 2013

2. Article (Transfere) 7009 3410 0000 2595 5655

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **T Molend** C. Date of Delivery **3-15-13**

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, February 2004

Domestic Return Receipt

102595-02-M-1540