

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		<div style="font-size: 2em; font-weight: bold;">3/13/09</div> Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total Pk: **Randy B. Birch, Esq.**
 Boatwick & Price, P. C.
 One Thirty Nine East South Temple, Ste. 329
 Salt Lake City, UT 84111

DOCKET NO: FIFRA-08-2008-0029

PS Form 3811, August 2004 See Reverse for Instructions

7008 1140 0004 5101 7324

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">MAR 13 2009</p> <p>Randy B. Birch, Esq. Boatwick & Price, P. C. One Thirty Nine East South Temple, Ste. 329 Salt Lake City, UT 84111</p> <p>DOCKET NO: FIFRA-08-2008-0029</p>	<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Return <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>TAF R...</i> 03-18-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px; width: 100px; margin: 0 auto;"> STATION FOR SALT LAKE CITY MAR 13 2009 </div> <p>3. Service Type <input checked="" 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.</p> <p>4. Restricted Delivery? (Extr. Fee) <input type="checkbox"/> Yes</p>
<p>2. Article # (Transfer) 7008 1140 0004 5101 7324</p>	<div style="font-size: 2em; font-weight: bold;">OFFICIAL USE</div>
PS Form 3811, February 2004 Domestic Return Receipt 10098-08-01-1020	