
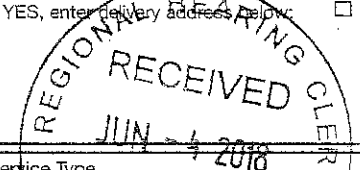
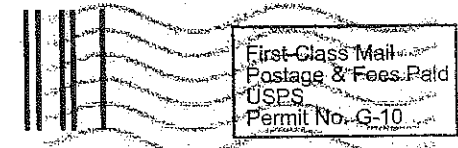



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to: FIFRA-05-2018-0032  Mr. Kevin Harder Innovative Crop Solutions, LLC 24972 160th Avenue North Ulen, Minnesota 56585	B. Received by (Printed Name) DAN STRUBLE C. Date of Delivery 5-29-18
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
PS Form 3811, July 2013	3. Service Type <input type="checkbox"/> Certified Mail™ <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes 7009 1680 0000 7666 2116 Domestic Return Receipt

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