

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:

Gary W. Callahan, P.C.
 Nufarm Americas, Inc.
 4550 Westridge Drive
 Ft. Collins 80526

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gary W. Callahan* Agent
 Addressee

B. Received by (Printed Name)

Gary W. Callahan C. Date of Delivery *9/18*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

11 OCT - L
 HEARINGS CLERK
 EPA -- REGION 10
 RECEIVED
 SEP 28 2011
 80525

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2 7010 1060 0002 0288 3123

FIFRA. 10. 11. 0138