

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 5369 9964

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

Postmark
Here

CAFO 11/1/17

Sent To
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+4

Maple Mountain Group, Inc.
 588 S. 2000 W
 Springville, Utah 84663
 FIFRA-08-2018-0002

PS Form 3800, A

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.

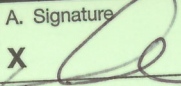
1. Article Addressed to: NOV 13 2017

Maple Mountain Group, Inc.
 588 S. 2000 W
 Springville, Utah 84663
 FIFRA-08-2018-0002 F

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X 

B. Received by (Printed Name) C. Date of Delivery

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

7012 2210 0000 5369 9964

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540