

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 2596 2660

Postage	\$	9/18/2012 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pos	Michelle Botsford, Corp. Secretary Custom Crop Care	
Sent To	309 Sollid Road	
Street, Apt. or PO Box #	Conrad, MT 59425	
City, State, & ZIP	DOCKET NO.: FIFRA-08-2012-0013	

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:

SEP 18 2012
 Michelle Botsford, Corp. Secretary
 Custom Crop Care
 309 Sollid Road
 Conrad, MT 59425
 DOCKET NO.: FIFRA-08-2012-0013

④

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Bill McKinley 9/18/12

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

2. Art (Tr) 7009 3410 0000 2596 2660

CAIRO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540