

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		

**Total Post:** Robert W. Hoops

**Sent To:** Hoops Agri Sales Company  
 West Highway 30, Box 420  
 North Bend, Nebraska 69649

*Street, Apt. or PO Box 1*

*City, State, ZIP*

PS Form 3800, April 2002 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:

FIFRA-07-2003-0055

Robert W. Hoops  
 Hoops Agri Sales Company  
 West Highway 30, Box 420  
 North Bend, Nebraska 69649

2. Article Number  
*(Transfer from)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*Robert Hoops*

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

*Nancy Hoops* *PK 7-2-04*

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

7002 0860 0006 5963 1663