SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature ☐ Agent ☑ Addressee
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.	B. Received by (Printed Name)   C. Date of Delivery   09/02/08
Article Addressed to:	D. Is delivery address different from item 1? Styles If YES, enter delivery address below:
FIFRA 07-2008-0024	PO Box 187
Lindstrom Farm Supply, Inc.	Kiron IA 51448
118 Main Street	3. Service Type
Kiron, Iowa 51448	Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Numbe 7006 2760 0000 8651 6787	
PS Form 3811, February 2004 Domestic Ref	urn Receipt 102595-02-M-1540

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