

**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-07-2008-0007

Phil Perkins  
926 West Dallas, Box 1024  
Buffalo, Missouri 65622

2. Article Number

(Transfer from service label)

7004 2510 0006 9720 3242

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Phil Perkins*

Agent

Addressee

B. Received by (Printed Name)

*Phil Perkins*

C. Date of Delivery

*11-8-07*

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