

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--------------------------------------|
| <ul style="list-style-type: none"> ■ 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. | A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>B. Strawn</i> | |
| 1. Article Addressed to: <p style="font-size: 1.5em; margin-left: 20px;"><i>FIFRA-07-2010-0036</i></p> <p style="margin-left: 20px;">Frontier Ag, Inc. 415 West 2nd Street P.O. Box 248 Oakley, Kansas 67748</p> | B. Received by (Printed Name) <i>P. Strawn</i> | C. Date of Delivery <i>9-1-10</i> |
| 2. Article Number <i>(Transfer from)</i> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number <i>7006 2760 0000 8646 2923</i> | | |