

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

0120 0728 0003 3230 8007

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

11/18/14

Postmark
Here

Michael Donaldson, EH&S Manager
 Total **Hawkins, Inc.**
 2381 Rosegate
 Roseville, MN 55113

Sent 7 Roseville, MN 55113
 Street or PO **DOCKET NOS: CAA-08-2015-0006/0007**
 City, St

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:

Michael Donaldson, EH&S Manager
Hawkins, Inc.
 2381 Rosegate
 Roseville, MN 55113

DOCKET NOS: CAA-08-2015-0006/0007

M NOV 18 2014

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **SARAH DWAR** C. Date of Delivery **11/21/14**

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. A 7008 3230 0003 0728 0120

CA/FOS

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540