

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

7008 3230 0003 0726 3239

Postage	\$	9/10/13 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Endorsement Fee		
Total Postage		
Sent To	Chad W. Koltz, Regional Facility Service Dir. Americold Logistics, LLC. 2300 East Rice Street Sioux Falls, SD 57103	
Street, Apt or PO Box	DOCKET NO.: CAA-08-2013-0012	
City, State, ZIP+4		

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:

Chad W. Koltz, Regional Facility Service Dir.
 Americold Logistics, LLC.
 2300 East Rice Street
 Sioux Falls, SD 57103
 DOCKET NO.: CAA-08-2013-0012

SEP 11 2013

2. Art (Tr) 7008 3230 0003 0726 3239

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Jessie M Andersen

B. Received by (Printed Name) C. Date of Delivery
Jessie M Andersen 9-16-13

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540