

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage \$	SEP 23 2014
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
CAFO

FIFRA-08-2014-0004

Agroline, Limited
310 Highway 9
Box 10
Wimbledon, North Dakota

7008 3230 0003 0726 0382

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Tammy Jorisson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Tammy Jorisson</i> <i>9-30-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>Agroline, Limited 310 Highway 9 Box 10 Wimbledon, North Dakota Docket No.: FIFRA-08-2014-0004</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from)</p> <p><i>SEP 23 2014</i></p> <p><i>FIFRA-08-2014-0004</i></p>	<p>7008 3230 0003 0726 0382</p> <p style="text-align: right;"><i>CAFO</i></p>