

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

7004 2510 0006 9727 2675

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

Mr. Mel Cline, Manager  
 Mid-State Farmers Cooperative Association, Inc.  
 819 West Union Road  
 Rush Center, KS 67575-0000

Sent To \_\_\_\_\_  
 Street, Apt. No. or PO Box No.  
 City, State, ZIP+

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Mr. Mel Cline, Manager  
 Mid-State Farmers Cooperative Association, Inc.  
 819 West Union Road  
 Rush Center, KS 67575-0000

2. Article Number  
 (Transfer from service label) 7004 2510 0006 9727 2675

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

3. Service Type  
 Certified Mail  
 Express Mail  
 Registered  
 Return Receipt for Merchandise  
 Insured Mail  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  
 Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  
 Agent

B. Received by (Printed Name) *[Printed Name]*  
 Addressee

C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

■ 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.