

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 0731 4641

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

7/28/09

Postmark
 Here

Sent to:
 Window, A/C,
 or P.O. Box
 City, State
 ZIP+4

Dennis Ven Osdel, Agronomy Mgr
 Howard Farmers Co-op Association
 Est. No. 55687-SD-001
 W Hwy 34
 PO Box 706
 Howard, SD 57349
 Docket No. FIFRA-08-2009-0005

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: **JUL 28 2009**

Dennis Ven Osdel, Agronomy Mgr
 Howard Farmers Co-op Association
 Est. No. 55687-SD-001
 W Hwy 34
 PO Box 706
 Howard, SD 57349
 Docket No: FIFRA-08-2009-0005

COMPLETE THIS SECTION ON DELIVERY

A. Signatures
 x *Lisa Bertha* Agent
 Addressee

B. Received by (Printed Name) *Lisa Bertha* C. Date of Delivery *7/31/09*

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. Article Number (Transfer from service label) **7008 3230 0003 0731 4641** *CAFD*