

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 0729 5506

Postage	\$	9/16/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post: **Paul Sauderson, Assistant General Manager
 Colfax Farmers Elevator, Inc.
 101 Dakota Street / P. O. Box 37
 Colfax, ND 58018**

Sent To
 Street, Apt. 1
 or PO Box #
 City, State, Z

DOCKET NO.: FIFRA-08-2010-0014

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:

J

Paul Sauderson, Assistant General Manager
 Colfax Farmers Elevator, Inc.
 101 Dakota Street / P. O. Box 37
 Colfax, ND 58018

DOCKET NO.: FIFRA-08-2010-0014

2. Article

7008 3230 0003 0729 5506

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tracey Miller

- Agent
 Addressee

B. Received by (Printed Name)

Tracey Miller

C. Date of Delivery

09-20-21

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

SEP 16 2010

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CAFO

102595-02-M-1540