

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 1830 0000 5154 3977

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

Postmark
Here

CHS, Inc. Garretson
 601 Depot Avenue
 Garretson, SD 57030-0379
 Attn: Kelly Bunde, Manager

CAA 08-2010-0026

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: OCT 1 2010

CHS, Inc. Garretson
 601 Depot Avenue
 Garretson, SD 57030-0379
 Attn: Kelly Bunde, Manager

CAA-08-2010-0026 W

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 B. Edmundson 10/8/10
 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 1830 0000 5154 3977

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

