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OFFICIAL USE

7008 1830 0000 5157 2489

Postage \$		5/11/09 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	General Manager Prairie Ag Partners/Bancroft Branch 200 Main Avenue Bancroft, SD 57353	
Street, Apt. No. or PO Box No.		
City, State, ZIP	DOCKET NO.: FIFRA-08-2009-0011	

PS Form 3811, August 2004 See Reverse for Instructions

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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery</p> <p><i>Harry L. Lodge</i> <i>2-5-09</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>General Manager Prairie Ag Partners/Bancroft Branch 200 Main Avenue Bancroft, SD 57353</p> <p>DOCKET NO.: FIFRA-08-2009-0011</p>	<p>3. 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 No. (Transfer #) <u>7008 1830 0000 5157 2489</u></p>	<p><i>[Handwritten initials]</i></p>