

7008 3230 0003 0726 0412

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Agrium U.S. Inc. – Leal Terminal
Jesse Potratz, Terminal Supervisor
2215 105th Avenue S.E.
Rogers, ND 58479

PS Form 3800, August 2006 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Jesse Potratz 9/30/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: SEP 24 2014</p> <p>Agrium U.S. Inc. – Leal Terminal Jesse Potratz, Terminal Supervisor 2215 105th Avenue S.E. Rogers, ND 58479</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7008 3230 0003 0726 0412 (Transfer from service label)</p>	<p>CAFO (ESA)</p>

docket # ~~FIFRA-08-2014~~

CAA-08-2014-0013