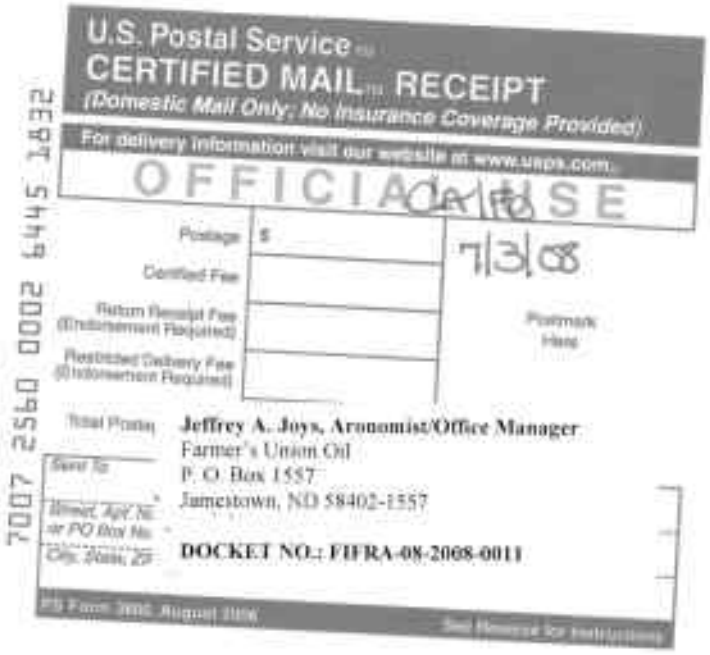

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OFFICIAL USE

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Postage $ 7/3/08
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

Postmark Here

Sent To
Street, Apt. No. or PO Box No.
City, State, ZIP

Jeffrey A. Joys, Aronomist/Office Manager
Farmer's Union Oil
P. O. Box 1557
Jamestown, ND 58402-1557

DOCKET NO.: FIFRA-08-2008-0011

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:

Jeffrey A. Joys, Aronomist/Office Manager
Farmer's Union Oil
P. O. Box 1557
Jamestown, ND 58402-1557

DOCKET NO.: FIFRA-08-2008-0011

RC JUL 03 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Fitz ☐ Agent ☐ Addressee

B. Received by (Printed Name) John Fitz
C. Date of Delivery 7-7-08

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) 7007 2560 0002 6445 1832

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540