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OFFICIAL MAIL

Postage \$		<div style="font-size: 1.5em; font-weight: bold;">01/03/08</div> Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total Post: Michael Healey

Sent To: Central Farmers Cooperative
 Agronomy Division Manager
 P. O. Box 357
 Marion, SD 57043

City, State: DOCKET NO.: FIFRA-08-2008-0005

PS Form 3811, June 2007 See Reverse for Instructions

7005 1820 0005 4855 7964

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>1. Article Addressed to:</p> <p>Michael Healey Central Farmers Cooperative Agronomy Division Manager P. O. Box 357 Marion, SD 57043 DOCKET NO.: FIFRA-08-2008-0005</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>R. Smith</i></p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>Robin Smith</i></p> <p>C. Date of Delivery <i>01-03-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article (Title)</p> <p><i>RC</i></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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>5. Date of Receipt</p> <p><i>JAN 03 2008</i></p>
<p>7005 1820 0005 4855 7964</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 10250-02-0000</p>	