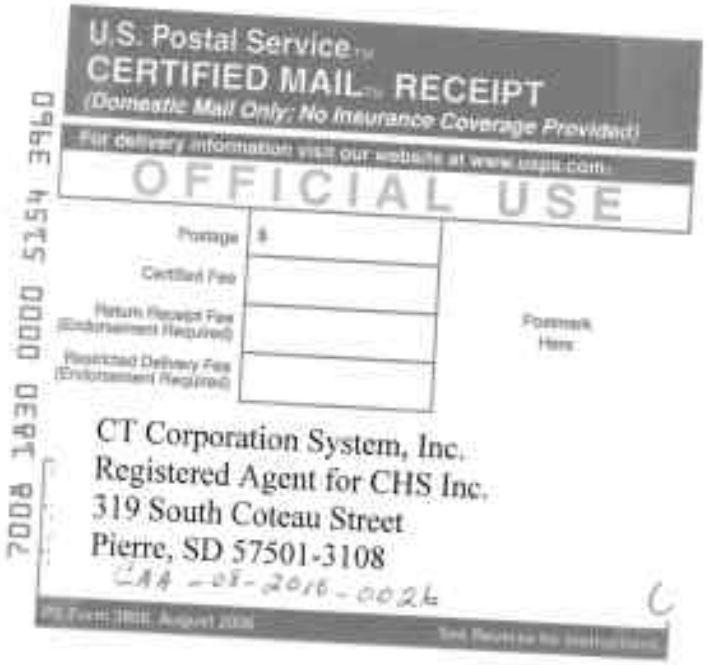

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here
7008 1830 0000 5154 3960
CT Corporation System, Inc.
Registered Agent for CHS Inc.
319 South Coteau Street
Pierre, SD 57501-3108
CAA-05-2010-0026
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
CT Corporation System, Inc.
Registered Agent for CHS Inc.
319 South Coteau Street
Pierre, SD 57501-3108
CAA-05-2010-0026

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery 10-12-10
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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 3960

PS Form 3811, February 2004 Domestic Return Receipt