

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 type="checkbox"/> Addressee</p> <p><i>James Stramel</i></p> <p>B. Received by (Printed Name) Date of Delivery</p> <p><i>James Stramel</i> <i>2/1/04</i></p>
<p>1. Article Addressed to:</p> <p>FIFKA-07-2009-0025</p> <p>Richard M. Joyce, Compliance Manager Frontier Ag, Inc. 415 West 2nd Street Oakley, Kansas 67748</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <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>2. Article Numt (Transfer from)</p>	<p>7006 2760 0000 8648 6172</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	