U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 5594 2595 \$ Postage Certified Fee 0000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Grant Johanson, Vice President of Operations 3470 ABE SD, LLC. 8000 Norman Center Drive, Suite 610 Sent To 7009 Bloomington, MN 55437 Street, Ap or PO Box City, State

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to:	
Grant Johanson, Vice President of Operations ABE SD, LLC. 8000 Norman Center Drive, Suite 610 Bloomington, MN 55437	
APR - 8 2013	3. Service Type Certified Mail Registered Insured Mail C.O.D.
ann + some a (MAFOS)	4. Restricted Delivery? (Extra Fee) ☐ Yes
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2. Art 7009 3410 0000 2595	5594