

7009 3410 0000 2594 7513

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	8/16/11 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Fee)		

Total Postage

**Jim Wenick, General Manager  
North Star Coop.  
P. O. Box K  
Park River, ND 58270**

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+

DOCKET NO.: FIFRA-08-2011-0009

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: **AUG 17 2011**

**Jim Wenick, General Manager  
North Star Coop.  
P. O. Box K  
Park River, ND 58270**

DOCKET NO.: FIFRA-08-2011-0009

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *Jon Brake*  Agent  Addressee

B. Received by (Printed Name) **Jon Brake** C. Date of Delivery **8-20-11**

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 (7) **7009 3410 0000 2594 7513**

**CA/FO**