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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7008 1830 0000 5157 5015

Postage \$		8/11/09
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		Postmark Here
Total Postage & Fees		
Sent To	Dean Ahredt, Manager Hartford Farmers Elevator 112 S. Main/P. O. Box 157 Hartford, SD 57033	
Street, Apt. No., or PO Box No.	DOCKET NO.: FIFRA-08-2009-0012	
City, State, ZIP+4		

PS Form 3800, August 2008 See Reverse for Instructions

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Dean Ahredt</i></p> <p>B. Received by (Printed Name) <i>Dean Ahredt</i> C. Date of Delivery <i>8-15-09</i></p> <p>D. Is delivery address different from item 17 <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><i>8/12/09</i></p> <p>Dean Ahredt, Manager Hartford Farmers Elevator 112 S. Main/P. O. Box 157 Hartford, SD 57033</p> <p>DOCKET NO.: FIFRA-08-2009-0012</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article (Item) <i>E</i> 7008 1830 0000 5157 5015</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>