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 CA/FO

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	

8/18/2011
Postmark Here

7009 3410 0000 2594 7551

Sent To
Street, Apt. or PO Box
City, State,

Gary Radel, General Manager
Agland Coop.
115 South First Street
Parkston, SD 57366

DOCKET NO.: FIFRA-08-2011-0011

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 18 2011

Gary Radel, General Manager
Agland Coop.
115 South First Street
Parkston, SD 57366

DOCKET NO.: FIFRA-08-2011-0011

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deb Welch ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* Deb Welch
C. Date of Delivery 8-22-11

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No EW

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Artic
(Trar 7009 3410 0000 2594 7551 CA/FO

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540