

7008 3230 0003 0726 0405

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

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

9/23/2014  
Postmark Here  
CAFO  
FIFRA-08-  
2014-0005

Sent To  
*Midstate Agronomy*  
Street, Apt. No.,  
or P.O. Box No. *43204 Highway 14 Box 10*  
City, State, ZIP+4®  
*De Smet, SD 57231*

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:  
*Midstate Agronomy*  
*43204 Highway 14*  
*Box 10*  
*De Smet, SD 57231*  
*SEP 23 2014*

FIFRA-08-2014-0005

2. Article Number  
(Transfer from service) **7008 3230 0003 0726 0405**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Amy Hoefert*  Agent  
 Addressee

B. Received by (Printed Name)  
*Amy Hoefert*

C. Date of Delivery  
*9-26-14*

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

CAFO