

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

7008 3230 0003 0726 0450

Postage	\$	SEP 26 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here *da*

Colfax Farmers Elevator, Inc.
101 Dakota Street
Box 37
Colfax, North Dakota 58018

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:

FIFRA-08-2014-0006
Colfax Farmers Elevator, Inc.
101 Dakota Street
Box 37
Colfax, North Dakota 58018

L SEP 29 2014

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Arlene Hafner Agent Addressee

B. Received by (Printed Name)
Arlene Hafner

C. Date of Delivery
10-03-14

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

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
(Transfer from service label)

