

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 0474

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

SEP 26 2014
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Nortana Grain Co.
101 Railway Avenue
Box 177
Lambert MT 59243

PS Form 3811, August 2004

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:

FIFRA-08-2014-0008
Nortana Grain Co.
101 Railway Avenue
Box 177
Lambert MT 59243

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SEP 29 2014

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Amy Lake Addressee

B. Received by (Printed Name) C. Date of Delivery
Amy Lake

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
 (Transfer from service)

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