

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>MWessels</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <span style="float: right;">APR 03 2015</span></p> <p><b>Douglas Emerson</b>  <b>American Crystal Sugar Company</b>  101 North 3<sup>rd</sup> Street  Moorhead, MN 56560</p> <p>DOCKET NO.: CAA-08-2015-0011</p>	<p>B. Received by (Printed Name) <i>MWessels</i> C. Date of Delivery <i>4/7/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. <span style="float: right;">CAIFD</span></p>	
<p>7008 3230 0003 0728 0281</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>		<b>4/2/15</b>

Postmark Here

**Douglas Emerson**  
**American Crystal Sugar Company**  
101 North 3<sup>rd</sup> Street  
Moorhead, MN 56560

Sent To **DOCKET NO.: CAA-08-2015-0011**

Street, Apt. 1  
or PO Box N  
City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0728 0281