

7012 2210 0000 5370 2053

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**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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

9/12/16  
Postmark Here  
CAFO

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4  
PS Form 3800, A

Gabe Claypool  
Dakota Petroleum Transport Solutions, LLC  
294 Grove Lane East  
Wayzata, MN 55391  
CWA-08-2016-0015

**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: **A**

**SEP 13 2016**

Gabe Claypool  
Dakota Petroleum Transport Solutions, LLC  
294 Grove Lane East  
Wayzata, MN 55391  
CWA-08-2016-0015

CAFO

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name) **GARY L. HAGEN** C. Date of Delivery

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 label) **7012 2210 0000 5370 2053**