

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

7009 3410 0000 2594 7537

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

8/18/2011

Postmark
Here

Total Postage **Andy Clemen, Safety Director**
 Lebanon Equity Exchange
 605 Railroad Street/P. O. Box 27
 Lebanon, SD 57455

Sent To
 Street, Apt. or PO Box
 City, State,
DOCKET NO.: FIFRA-08-2011-0012

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: **AUG 18 2011**

Andy Clemen, Safety Director
 Lebanon Equity Exchange
 605 Railroad Street/P. O. Box 27
 Lebanon, SD 57455

DOCKET NO.: FIFRA-08-2011-0012

2. Article (Transit) **7009 3410 0000 2594 7537**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kellee Persson Agent
 Addressee

B. Received by (Printed Name) **Kellee Persson** C. Date of Delivery **8-22-11**

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

delete
PO Box 27

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540