

7004 2510 0006 9720 7097

**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 \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Restrict (Endorse): Gary Friesen  
 Total Scott Cooperative Association  
 PO Box 350  
 Sent To: 410 East First Street  
 Street, or PO Box No. Scott City, Kansas 67871  
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>Karen Metzger</i></p> <p>B. Received by (Printed Name) C. Date of Delivery        7/13/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>FIFRA-07-2007-0007          Gary Friesen          Scott Cooperative Association          PO Box 350          410 East First Street          Scott City, Kansas 67871</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>2. Article Number          (Transfer from service label)</p> <p>7004 2510 0006 9720 7097</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	