

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 1830 0000 5154 4073

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

Postmark
Here

Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746

CAA 05 -2010-0030

PS Form 3811, August 2008

See Reverse for Restrictions

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:

OCT 1 2010

Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746

CAA 05 -2010-0030

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
 Addressee

B. Received by (Printed Name)

TARA BILLOWS

C. Date of Delivery

10/12/10

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)

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Coulee Anhydrous Plant
 PO Box 726
 Kenmare, ND 58746-0726
 Attn: Greg Westlake, General Manager
 CAA 05-2010-0030

PS Form 3811, August 2009 See Reverse for Instructions

7008 1630 0000 5154 6084

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: 007-1-2010

Coulee Anhydrous Plant
 PO Box 726
 Kenmare, ND 58746-0726
 Attn: Greg Westlake, General Manager

CAA-05-2010-0030

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) James R. Woods

C. Date of Delivery 10-12-10

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

or Type Registered Express Mail
 Insured Mail Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1630 0000 5154 6084

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-01-1041