

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 3984

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

Postmark
Here

Allied Agronomy Gackle
 302 East Front Street
 Gackle, ND 58422-0216
 Attn: Andrew Gegelman, Manager
 CAA-08-200-0623

PS Form 3811, August 2006

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
 Allied Agronomy Gackle
 302 East Front Street
 Gackle, ND 58422-0216
 Attn: Andrew Gegelman, Manager

CAA 08-2010-0623

2. Article Number
 (Transfer from service label)

7008 1830 0000 5154 3984

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee
 X
 B. Received by (Printed Name) Linda Zerker C. Date of Delivery 10-2-10
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: P.O. Box 216

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

4. Restricted Delivery? (Extra Fee) Yes