

7007 2560 0002 6445 1856

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 CASE

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

Postmark Here

Total **Harry Mewherter, General Manager**
 Deuel County Cenex
 375 Main Ave. - P. O. Box 430
 Toronto, SD 57286

DOCKET NO.: FIFRA-08-2008-0013

PS Form 3811, August 2004 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: **RC**

Harry Mewherter, General Manager
 Deuel County Cenex
 375 Main Ave. - P. O. Box 430
 Toronto, SD 57286

DOCKET NO.: FIFRA-08-2008-0013

JUL 03 2008 1

2. Article Number (Transfer from or) **7007 2560 0002 6445 1856**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **Bohn Caskey** C. Date of Delivery **7-7-8**

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

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

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL CASE

42525-0244-1340