

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 4127

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 08-2010-0021

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:

Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746

CAA 08 2010 0021 1 2010

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X TARA BURNS

- Agent
 Addressee

B. Received by (Printed Name)

TARA BURNS

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

7008 1830 0000 5154 4127

Domestic Return Receipt

110505-02-01-10-04

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Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Kenmare Anhydrous Plant
PO Box 726
Kenmare, ND 58746
Attn: Greg Westlake
CAA 05 2010 0031

7006 1830 0000 5154 4103

PS Form 3811, August 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X [Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>TARA BROWN 10-12-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>OCT 1 2010</i></p> <p>Kenmare Anhydrous Plant PO Box 726 Kenmare, ND 58746 Attn: Greg Westlake <i>CAA - 05 - 2010 - 0031</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 1830 0000 5154 4103</p>	