

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

7008 3230 0003 0729 7906

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

8/27/09

Postmark
Date

Total Postage
 Sent to
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

Russ Allen, Location Manager
 CHS, Inc. - Denton
 P. O. Box 955, 200 Elevator Road
 Denton, MT 59430

DOCKET NO.: CAA-08-2009-0030

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:

AUG 28 2009

Russ Allen, Location Manager
 CHS, Inc. - Denton
 P. O. Box 955, 200 Elevator Road
 Denton, MT 59430

DOCKET NO.: CAA-08-2009-0030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kelly M. Mickelson Agent Addressee

B. Received by (Printed Name)
 Kelly M. Mickelson

C. Date of Delivery
 9/1/09

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

2. Article No. 7008 3230 0003 0729 7906

CHS