

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:

CHS, INC.
73057 State Highway 16
Grand Meadow, Minnesota 55936

2. Article Number

(Transfer from service label)

7001 0320 0005 8910 5867

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Jennifer Jeske 1-9-07

C. Signature

Jennifer Jeske Agent Addressee

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

FIFRA-DS-2007-0013

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Sonja Brooks-Woodard E-13J [redacted] ided)

FIFRA-DS-2007-0013

7001 0320 0005 8910 5867

Postage	\$ 87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 512



Sent To

Street, Apt. No.,
or PO Box No. CHS, INC.
73057 State Highway 16
City, State, ZIP+4 Grand Meadow, Minnesota 55936

PS Form 3800, January 2001

See Reverse for Instructions