

7009 3410 0000 2598 1913


**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post	Nancy Quattlebaum Burke	
Sent To	Grant, Plant, Mooty	
Street, Apt. or PO Box	500 IDS Center – 80 South Eighth St	
City, State	Minneapolis, Minnesota 55402	
	CWA-08-2015-0023 CAFO	

PS Form 3800, August 2006 See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Erin (ayh)</u> C. Date of Delivery <u>7/8/15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold;">SEP 24 2015</p> <p>Nancy Quattlebaum Burke  Grant, Plant, Mooty  500 IDS Center – 80 South Eighth St  Minneapolis, Minnesota 55402  CWA-08-2015-0023 CAFO</p>	<p>3. Service Type</p> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service lab)</p> <p style="text-align: center; font-weight: bold;">7009 3410 0000 2598 1913</p>	
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540