

7009 3410 0000 2599 1080

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		

6/1/2011

Postmark  
Here

Restricted Delivery  
(Endorsement Rec)

**Pete Mutschler**  
Environmental and Safety Manager  
Cenex Harvest States, Inc.

Total Postage \$

Sent To

5500 Cenex Drive  
Inver Grove Heights, MN 55077

Street, Apt. No.,  
or PO Box No.

DOCKET Nos: CAA-08-2011-0011 - 0015

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>R Strauss</u></p> <p>C. Date of Delivery <u>6/1/11</u></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>JUN 2 2011</p>
<p>1. Article Addressed to:</p> <p><b>Pete Mutschler</b> Environmental and Safety Manager Cenex Harvest States, Inc. 5500 Cenex Drive Inver Grove Heights, MN 55077</p> <p>DOCKET Nos: CAA-08-2011-0011 - 0015</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>2. Article Number <u>7009 3410 0000 2599 1080</u></p> <p>(Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>CAFDs</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540