

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

Postage	\$	<div style="font-size: 1.5em; font-weight: bold;">CA/PS</div> <div style="font-size: 1.5em; font-weight: bold;">07/03/08</div> <div style="text-align: center;">Postmark Here</div>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage		
Sent To: <b>Carl Zetlinger, Manager</b> Renville Elevator Co. P. O. Box 8 Tolley, ND 58787		
Docket No.: <b>DOCKET NO.: FIFRA-08-2008-0014</b>		

PS Form 3835, August 2004 See Reverse for Instructions

7007 2560 0002 6445 1863

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"/> <i>Samantha Blomquist</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Samantha Blomquist</i> C. Date of Delivery <i>7-7-08</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:</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">JUL 03 2008</p> <p><b>Carl Zetlinger, Manager</b>          Renville Elevator Co.          P. O. Box 8          Tolley, ND 58787</p> <p><b>DOCKET NO.: FIFRA-08-2008-0014</b></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 Num. (Transfer to) <i>RC</i> <span style="margin-left: 200px;"><i>G</i></span></p> <p style="font-size: 1.5em; font-weight: bold;">7007 2560 0002 6445 1863</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>