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**CERTIFIED MAIL RECEIPT**  
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OFFICIAL USE

|  |    |                              |
|--|----|------------------------------|
| Postage  | \$ | 8/25/09<br><br>Postmark Here |
| Certified Fee  |    |                              |
| Return Receipt Fee<br><small>(Endorsement Required)</small>      |    |                              |
| Restricted Delivery Fee<br><small>(Endorsement Required)</small> |    |                              |

7008 3230 0003 0729 7968

**To:** Steve Bladock, Manager  
 Clifford Farmers Elevator  
 P. O. Box 68  
 Clifford, ND 58106

Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_

**DOCKET NO.: FIFRA-08-2009-0014**

PS Form 3811, August 2004 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<br/> <input checked="" type="checkbox"/> <i>Steve Bladock</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)<br/> <i>Steve Bladock</i></p> <p>C. Date of Delivery<br/> <i>8-31-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>       If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |  |                                       |                                     |   |                                       |                                 |
| <p>1. Article Addressed to: <span style="float: right;">AUG 26 2009</span></p> <p style="padding-left: 20px;">Steve Bladock, Manager<br/>       Clifford Farmers Elevator<br/>       P. O. Box 68<br/>       Clifford, ND 58106</p> <p style="padding-left: 20px;">DOCKET NO.: FIFRA-08-2009-0014</p>                            | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>  | <input checked="" 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. |
| <input checked="" 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>2. Article (Barcode) <span style="float: right;">7008 3230 0003 0729 7968</span></p>  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |                                       |                                     |   |                                       |                                 |

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-1545