

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

For delivery information visit our website at www.usps.com

OFFICIAL CAUSE

7008 3230 0003 0729 6114

Postage \$		3/24/11 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Postage	Peter Mutschler Environmental and Safety Manager CHS, Inc. 5500 Cenex Drive Inver Grove Heights, MN 55077-1721	
Sent To	DOCKET NO.: CAA-08-2010-0026	
Street, Apt. or PO Box		
City, State, ZIP+4		

PS Form 3800, August 2006

See Reverse for Instructions

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:

Peter Mutschler
 Environmental and Safety Manager
 CHS, Inc.
 5500 Cenex Drive
 Inver Grove Heights, MN 55077-1721

DOCKET NO.: CAA-08-2010-0026

2. Article Number

7008 3230 0003 0729 6114

Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mary Kessick Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 3-28-11

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



CA/FO

Domestic Return Receipt

102595-02-M-1540