

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 MAIL

7007 2560 0002 6445 1887

Postage \$		Postmark here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	Paul Tronson, Co-Owner	
Sent To	Tronson Grain Co, 115 West First Street, Doyon, ND 58527	
Street, Apt. No. or PO Box No.	FIFRA-08-2008-0016	
City, State, ZIP		

PS Form 3836, 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: **RC** **9**

Paul Tronson, Co-Owner
 Tronson Grain Co.
 115 West First Street
 Doyon, ND 58527

FIFRA-08-2008-0016

JUL 03 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Donald Tronson*

B. Received by (Printed Name) **Donald Tronson** C. Date of Delivery **7/7/08**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from #) **7007 2560 0002 6445 1887**

CATE