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OFFICIAL USE

6/25/08

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark Here

Title: Ronald J. Miller, General Manager
 Southeastern Colorado Cooperative
 408 South First Avenue
 Holly, CO 81407

Street, Apt or PO Box: DOCKET NO.: FIFRA-08-2008-0010

City, State:

PS Form 3811, August 2004 See Reverse for instructions

7007 1490 0001 4774 8825

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to: RC JUN 26 2008</p> <p>Ronald J. Miller, General Manager Southeastern Colorado Cooperative 408 South First Avenue Holly, CO 81407</p> <p>DOCKET NO.: FIFRA-08-2008-0010</p>	<p>A. Signature x Ronald J. Miller <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Ronald J. Miller</p> <p>C. Date of Delivery 7-9-08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="font-size: 1.2em; text-align: center;">PO Box 189 Holly CO 81407</p>
	<p>3. Service Type</p> <p><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> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article #/Date: 7007 1490 0001 4774 8825 CAIFD</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1940</p>	