

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

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

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

7/28/09

Postmark Date

**Sent to:**  
 Direct Addressee or PO Box Address  
 City, State, ZIP+4

**Sent to:**  
 Shane Sporrer, Asst. Mgr. Agro.  
 Dakota Ag Coop.  
 102 S. Broadway Ave.  
 PO Box 425  
 Miller, SD 57362  
 Docket No: FIFRA-08-2009-0008

7008 3230 0003 0731 4658

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>1. Article Addressed to: <span style="float: right; font-size: 1.2em;">JUL 28 2009</span></p> <p style="text-align: center;">Shane Sporrer, Asst. Mgr. Agro.          Dakota Ag Coop.          102 S. Broadway Ave.          PO Box 425          Miller, SD 57362          Docket No: FIFRA-08-2009-0008</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery 7-31-09</span></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>2. Article Number  <small>(Transfer from service label)</small></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>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>7008 3230 0003 0731 4658</p>	<p>PAID</p>
PS Form 3811, February 2004	Domestic Return Receipt
	102285-02-00-1000