

7012 2210 0000 5369 9698

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 USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & -	

Postmark Here
CAFD 11/9/17

Sent To
Street, Apt. No.;
or PO Box No.
City, State, ZIP+4

Ray Farmers Union Elevator CO
11445 Highway 2
Ray, North Dakota 58849
FIFRA-08-2018-0003

PS Form 3800, August 2004

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:

NOV 13 2017

Ray Farmers Union Elevator CO
11445 Highway 2
Ray, North Dakota 58849
FIFRA-08-2018-0003

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Amanda Heyrauch* Agent Addressee

B. Received by (Printed Name) *Amanda Heyrauch* C. Date of Delivery *11/20/17*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:
*P.O. Box 128
RAY, ND 58849*

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7012 2210 0000 5369 9698

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540