

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

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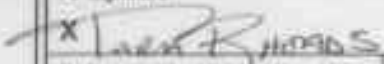
OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

7008 1830 0000 5154 4066

1
 Kenaston Anhydrous Plant Facility
 PO Box 726
 Kenmare, ND 58746
 Attn: Greg Westlake, General Manager
 CAA 08-2010-0028

PS Form 3811, August 2004 See Reverse for Instructions

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>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>E. Received by (Printed Name) <input type="checkbox"/> Agent Tara Brooks <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 10-12-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If so, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Description</p> <p>Kenaston Anhydrous Plant Facility PO Box 726 Kenmare, ND 58746 Attn: Greg Westlake, General Manager</p> <p>CAA 08-2010-0028 OCT 1 2010 L</p>	<p>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 Number (Transfer from service label)</p> <p>7008 1830 0000 5154 4066</p>	

PS Form 3811, February 2004 Domestic Return Receipt 100345-02-00-1040

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

7008 1830 0000 5154 4042

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

Postmark
Here

Farmers Union Oil Company, Inc.
 PO Box 726
 Kenmare, ND 58746-0726

CA-08-2010-0028

PS Form 3811, 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: *UOI 1 2010*

Farmers Union Oil Company, Inc.
 PO Box 726
 Kenmare, ND 58746-0726

CA-08-2010-0028

2. Article Number
 (Transfer from service label)

7008 1830 0000 5154 4042

PS Form 3811, February 2004

Domestic Return Receipt

50255-02-00-1045

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Trent R. Kumbay *10-12-10*

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