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Return Receipt Fee (Endorsement Required)		
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**Brian Hammerbeck, Vice President**  
**Dakota Mill & Grain, Inc.**  
**P.O. Box 2340**  
**Rapid City, SD 57709**

Docket No.: FIFRA-08-2010-0008/0007

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>	A. Signature <i>Brian Hammerbeck</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Print Name) C. Date of Delivery
Brian Hammerbeck, Vice President Dakota Mill & Grain, Inc. P.O. Box 2340 Rapid City, SD 57709 Docket No.: FIFRA-08-2010-0008/0007	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label)	3. Service Type <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.
FEB 17 2010	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7008 1830 0000 5157 2342 <i>CA 110</i> Domestic Return Receipt 102598-00-M-1540