

**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**

7/28/09

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

**James Egeberg, General Manager**  
**Volga Ag Center Inc. / Bruce Branch**  
**Est. No. 81278-SD-002**  
**918 Railway St.**  
**PO Box 218**  
**Bruce, SD 57220**  
**Docket No: FIFRA-08-2009-0006**

Return to: \_\_\_\_\_  
 Street, R# or PO Box \_\_\_\_\_  
 City, State \_\_\_\_\_  
 ZIP+4 \_\_\_\_\_

7008 3230 0003 0731 4634

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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="font-size: 1.5em; margin-left: 20px;"><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="font-size: 1.5em; margin-left: 20px;"><i>Colin Pierce</i></p> <p>C. Date of Delivery</p> <p style="font-size: 1.5em; margin-left: 20px;"><i>8-3-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em; margin: 5px 0;"><b>JUL 28 2009</b></p> <p style="margin-left: 20px;"> <b>James Egeberg, General Manager</b>  <b>Volga Ag Center Inc. / Bruce Branch</b>  <b>Est. No. 81278-SD-002</b>  <b>918 Railway St.</b>  <b>PO Box 218</b>  <b>Bruce, SD 57220</b>  <b>Docket No: FIFRA-08-2009-0006</b> </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>2. Article Number <small>(Transfer from service label)</small></p>	<p style="font-size: 1.2em; text-align: center;">7008 3230 0003 0731 4634</p> <p style="text-align: right; font-size: 1.5em;"><i>CAIPD</i></p>