

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

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OFFICIAL USE

7008 3230 0003 0729 5988

Postage \$		3/22/11 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post	Gene Erpelding, General Manager	
Sent To	Allied Agronomy, LLC	
Street, Apt or PO Box	Allied Energy, Inc. 109 Industrial Park	
City, State	Edgeley, ND 58433	
	DOCKET NO.: CAA-08-2010-0024	

PS Form 3800, 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: **MAR 23 2011**

Gene Erpelding, General Manager
Allied Agronomy, LLC
Allied Energy, Inc.
 109 Industrial Park
 Edgeley, ND 58433

DOCKET NO.: CAA-08-2010-0024

A

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Sonia Nitschke* C. Date of Delivery *3-28-11*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 (Transit) **7008 3230 0003 0729 5988**

CA/PS

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540