SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
Kelly Kjelden APR 0 7 2009 Registered Agent for James Valley Ethanol, LLC 40425 133 rd ST E	
Groton, South Dakota 57445 Docket + CAA-08-2009-0011	3. Service Type Certified Mail Registered Insured Mail C.O.D.
6	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	230 0003 0730 7841

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540