

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 3991

Allied Agronomy Gackle
 302 East Front Street
 Gackle, ND 58422-0216
 Attn: Andrew Gogelman, Manager
 CA# 08-2010-0024

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: <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <i>Linda Zorner</i> C. Date of Delivery: <i>10-12-10</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>P.O. Box 216</i></p>
<p>1. Article Addressed to: <i>001 1-20</i></p> <p>Allied Agronomy Gackle 302 East Front Street Gackle, ND 58422-0216 Attn: Andrew Gogelman, Manager</p> <p><i>CA# 08-2010-0024</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" 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>2. Article Number (Transfer from service label)</p> <p><i>Y</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7008 1830 0000 5154 3991</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102596-02-00-10-04</p>	

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7008 1830 0000 5354 4004

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

Postmark
 Here

Allied Energy, Inc.
 109 Industrial Park
 Edgeley, ND 58433-7143

CAA 08-2010-0024

PS Form 3810, August 2008

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: OCT 1 2010

Allied Energy, Inc.
 109 Industrial Park
 Edgeley, ND 58433-7143

CAA-08-2010-0024 X

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Shelly Anderson Addressee

B. Received by (Printed Name) C. Date of Delivery
 Shelly Anderson 10-12-10

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

2. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 1830 0000 5354 4004