

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

For delivery information visit our website at www.usps.com.

OFFICIAL USE

7008 1830 0000 5154 4097

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee <i>(Endorsement Required)</i>			
Restricted Delivery Fee <i>(Endorsement Required)</i>			

Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746
 CAA-08-2010-0032

PS Form 3850, August 2004 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**
 Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746
 CAA-08-2010-0032

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *TAG RHOADS* Agent
 Addressed

B. Received by (Printed Name): *TAG RHOADS* C. Date of Delivery: *10-1-10*

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

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 Number (Transfer from service label) **7008 1830 0000 5154 4097**