

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"/> <i>P. Mutschler</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <b>12-23-04</b></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p><b>Peter Mutschler</b>  <b>CHS Inc. d/b/a Primeland Cooperatives</b>  <b>5500 Cenex Drive, M/S 305</b>  <b>Inver Grove Heights, MN 55077</b></p>	
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>    7013 1710 0002 3980 7449    </p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1*</p>	

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<p><b>Alicia Wagner Brown</b>  <b>Environmental Compliance Specialist</b>  <b>CHS, Inc. d/b/a Primeland Cooperatives</b>  <b>5500 Cenex Drive, M/S 305</b>  <b>Inver Grove Heights, MN 55077</b></p>	
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<p>    7009 12250 0001 6624 2662    </p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	