

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 3230 0003 0729 1348

Postage \$		9/13/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To	DeNora A. Lenz, Manager Hoven Co-op Service Co. P. O. Box 325 190 Main Street Hoven, SD 57450	
Street, Apt. No., or PO Box No.	DOCKET NO.: FIFRA-08-2010-0013	
City, State, ZIP+4		

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:

DeNora A. Lenz, Manager  
 Hoven Co-op Service Co.  
 P. O. Box 325  
 190 Main Street  
 Hoven, SD 57450

DOCKET NO.: FIFRA-08-2010-0013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Hoven Co-op*  Agent  
*Bonnie Kaut*  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *9-16-10*

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 (Transit) 7008 3230 0003 0729 1348

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540