

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 4134

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

Postmark Here

Coulee Anhydrous Plant
 PO Box 726
 Kenmare, ND 58746-0726
 Attn: Greg Westlake, General Manager
 LAR 09 2010 0029

PS Form 3831, August 2008 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) C. Date of Delivery</p> <p>TARL BROWN 10-12-10</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes (If so, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Coulee Anhydrous Plant PO Box 726 Kenmare, ND 58746-0726 Attn: Greg Westlake, General Manager</p> <p>LAR 09-2010-0029 OCT 1 2010 R</p>	<p>Service Type</p> <p><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>2. Article Number (Derive from service label)</p> <p>7008 1830 0000 5154 4134</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3831, February 2004</p>	<p>Domestic Return Receipt 100880-02-04-1048</p>

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7008 1830 0000 5154 4110

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

Postmark
Here

Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746

314 08 2010 0029

PS Form 3811, 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

Farmers Union Oil Company
 PO Box 726
 Kenmare, ND 58746

314 08-2010-0029

5

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *TAKA RYNDAS* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

TAKA RYNDAS 10-12-10

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

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 5154 4110

PS Form 3811, February 2004

Domestic Return Receipt

42525-02-04-1040