

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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. A **Ken Blakeman**  
**General Manager**  
**CHS Inc.**  
**1200 Snake River Avenue**  
**PO Box 467-468**  
**Lewiston, Idaho 83501**



9590 9403 0670 5183 4911 40

2. Article Number (Transfer from service label)

7835 0640 0081 0935 6704

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

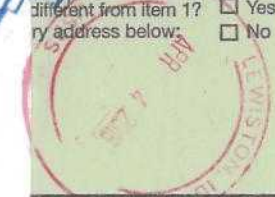
B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date: 4-4-16]*

different from item 1?  Yes  
 or address below:  No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery