

Requests for Comments & Agencies Contacted

**Agency Contact List – Request for Comment Letters**  
 Scout Clean Energy – Three Waters Wind Project  
 August 12, 2019

Contact Name/Title	Agency Office	Email/Phone	Address	Data/Information
<b>Minnesota</b>				
<b>FEDERAL</b>				
Federal Emergency Management Agency (FEMA)				
Tawn Hall, Emergency Management Director	Jackson County Land Management Office	(507) 662-6682, ext. 4	603 S. Hwy 86 Lakefield, MN 56150	Letter sent via certified mail on August 12, 2019 seeking comment.
Natural Resources Conservation Service (NRCS)				
John Beck	NRCS	<a href="mailto:John.beck@mn.usda.gov">John.beck@mn.usda.gov</a> (651) 602-7895	375 Jackson Street Suite 600 St. Paul, MN 55101-1854	Letter sent via certified mail on August 12, 2019 seeking comment.
U.S. Army Corps of Engineers (USACE)				
Ryan Malterud, Project Manager	St. Paul District	<a href="mailto:mvp-reg-inquiry@usace.army.mil">mvp-reg- inquiry@usace.army.mil</a> (651) 290-5902	180 Fifth Street East Suite 700 St. Paul, MN 55404-1678	Letter sent via certified mail on August 12, 2019 seeking comment.
U.S. Department of Agriculture (USDA)				
Mark Oja, State Biologist	USDA – Minnesota State Office	<a href="mailto:Mark.oja@mn.usda.gov">Mark.oja@mn.usda.gov</a> (651) 602-7868	375 Jackson Street Suite 600 St. Paul, MN 55101-1854	Letter sent via certified mail on August 12, 2019 seeking comment.
U.S. Federal Aviation Administration (FAA)				
Josh Fitzpatrick, Environmental Specialist		<a href="mailto:Joshua.fitzpatrick@faa.gov">Joshua.fitzpatrick@faa.gov</a> (612) 253-4639	6020 28th Avenue South Room 102 Minneapolis, MN 55450	Letter sent via certified mail on August 12, 2019 seeking comment.

## Agency Contact List – Request for Comment Letters

Scout Clean Energy – Three Waters Wind Project

August 12, 2019

Contact Name/Title	Agency Office	Email/Phone	Address	Data/Information
U.S. Fish & Wildlife Service (USFWS)				
Georgia Parham	Midwest Region	<a href="mailto:Georgia.Parham@fws.gov">Georgia.Parham@fws.gov</a> (812) 334-4261, ext. 1203	5600 American Blvd West Suite 990 Bloomington, MN 55437-1458	Letter sent via certified mail on August 12, 2019 seeking comment.
STATE				
Minnesota				
Minnesota Public Utilities Commission (MPUC)				
Bret Eknes, Supervisor	Energy Facilities Planning	<a href="mailto:Bret.Eknes@state.mn.us">Bret.Eknes@state.mn.us</a> (651) 201-2236	121 Seventh Place East Suite 350 St. Paul, MN 55101-2147	Letter sent via certified mail on August 12, 2019 seeking comment.
Minnesota Department of Commerce (MDOC)				
John Wachtler Energy Environmental Review Director	MN Department of Commerce— Energy Facility Permitting	<a href="mailto:John.Wachtler@state.mn.us">John.Wachtler@state.mn.us</a> (651) 296-2096	85 7 <sup>th</sup> Place East Suite 500 Saint Paul, MN 55101-2198	Letter sent via certified mail on August 12, 2019 seeking comment.
Minnesota Department of Natural Resources				
Tom Kresko, Area Hydrologist	Ecological and Water Resources Division	<a href="mailto:tom.kresko@state.mn.us">tom.kresko@state.mn.us</a> (507) 832-6045	175 County Road 26 Windom, MN 56101	Letter sent via certified mail on August 12, 2019 seeking comment.
Cynthia Warzecha, Energy Planner	Ecological and Water Resources Division	<a href="mailto:cynthia.warzecha@state.mn.us">cynthia.warzecha@state.mn.us</a> (651) 259-5078	500 Lafayette Road St. Paul, Minnesota 55155	Letter sent via certified mail on August 12, 2019 seeking comment.
Lisa Joyal, Endangered Species Environmental Review Coordinator	National Heritage Information System	<a href="mailto:lisa.joyal@state.mn.us">lisa.joyal@state.mn.us</a> (651) 259-5109	Box 25 500 Lafayette Road St. Paul, Minnesota 55155-4025	Letter sent via certified mail on August 12, 2019 seeking comment.

## Agency Contact List – Request for Comment Letters

Scout Clean Energy – Three Waters Wind Project

August 12, 2019

Contact Name/Title	Agency Office	Email/Phone	Address	Data/Information
<b>Minnesota Board of Water and Soil Resources (BWSR)</b>				
Chris Bauer	BWSR	<a href="mailto:chris.bauer@mn.nacdnet.net">chris.bauer@mn.nacdnet.net</a> (507) 662-6682	603 S Hwy 86 Lakefield, MN 56150-3295	Letter sent via certified mail on August 12, 2019 seeking comment.
<b>Minnesota Department of Agriculture (MDA)</b>				
Bob Patton, Supervisor & Local Government Outreach Coordinator	Agricultural Marketing & Development Division	<a href="mailto:Bob.Patton@state.mn.us">Bob.Patton@state.mn.us</a> (651) 201-6226	625 Robert Street N, St. Paul, MN 55155-2538	Letter sent via certified mail on August 12, 2019 seeking comment.
<b>Minnesota Department of Transportation (MnDOT)</b>				
Stacy Kotch Egstad, Utility Transmission Route Coordinator	MnDOT	<a href="mailto:stach.kotch@state.mn.us">stach.kotch@state.mn.us</a> (651) 366-4635	395 John Ireland Blvd., Mailstop 678 St. Paul, MN 55155-1800	Letter sent via certified mail on August 12, 2019 seeking comment.
Marc Fischer	MnDOT Outstate District Permit Office District 7B	<a href="mailto:marc.fischer@state.mn.us">marc.fischer@state.mn.us</a> (507) 831-8012	180 County Road 26 Windom, MN 56101	Letter sent via certified mail on August 12, 2019 seeking comment.
<b>Minnesota Department of Transportation/Office of Aeronautics</b>				
Darlene Dahlseide	MnDOT Office of Aeronautics	<a href="mailto:Darlene.dahlseide@state.mn.us">Darlene.dahlseide@state.mn.us</a>	222 Plato Blvd St. Paul, MN 55107-1618	Letter sent via certified mail on August 12, 2019 seeking comment.
<b>Minnesota State Historic Preservation Office (SHPO)</b>				
Sarah Beimers, Environmental Review Program Manager	State Historic Preservation Office	<a href="mailto:sarah.beimers@mnhs.org">sarah.beimers@mnhs.org</a> (651) 201-3290	Administration Building #203 50 Sherburne Ave. St. Paul, MN 55155	Letter sent via certified mail on August 12, 2019 seeking comment.

**Agency Contact List – Request for Comment Letters**  
 Scout Clean Energy – Three Waters Wind Project  
 August 12, 2019

Contact Name/Title	Agency Office	Email/Phone	Address	Data/Information
Minnesota Pollution Control Agency (MPCA)				
Dan Card, Environmental Review	Resource Management & Assistance	<a href="mailto:Dan.Card@state.mn.us">Dan.Card@state.mn.us</a> (651) 757-2261	520 Lafayette Road North St. Paul, MN 55155-4194	Letter sent via certified mail on August 12, 2019 seeking comment.
LOCAL				
COUNTY				
Jackson County, MN				
Tim Stahl, County Engineer	Jackson Public Works	<a href="mailto:engineer@co.jackson.mn.us">engineer@co.jackson.mn.us</a> (507) 847-2525	53053 780 <sup>th</sup> Street Jackson, MN 56143	Letter sent via certified mail on August 12, 2019 seeking comment.
Jackson Soil & Water Conservation District				
Andy Greiger, Director	Jackson County Land Management Office	<a href="mailto:Andy.geiger@co.jackson.mn.us">Andy.geiger@co.jackson.mn.us</a> (507) 662-6682, ext. 4	603 South Hwy 86 Lakefield, MN 56150	Letter sent via certified mail on August 12, 2019 seeking comment.



**VIA CERTIFIED MAIL**

August 12, 2019

[Name]  
[Title]  
[Agency]  
[Address]

**Re: Request for Comments for the Three Waters Wind Project  
Jackson County, MN**

Dear [redacted]:

Three Waters Wind Farm, LLC (Three Waters), a Delaware limited liability company and a wholly owned subsidiary of Scout Clean Energy LLC (Scout), is gathering information and requesting comments regarding the Three Waters Wind Project (Project), a proposed utility scale, up to 201 megawatt (MW) wind energy project located within Jackson County in south-central Minnesota (see **Figure 1** and **Table 1**).<sup>1</sup> Scout is a North American renewable energy development company focused on utility scale wind development and a portfolio company of Quinbrook Low Carbon Power Fund LP and Quinbrook Low Carbon Power Parallel Fund (US) LP.

<b>Table 1 Project Location</b>					
<b>State</b>	<b>County</b>	<b>Township Name</b>	<b>Township</b>	<b>Range</b>	<b>Sections</b>
Minnesota	Jackson	Ewington	102	38	12, 13, 24, 25
Minnesota	Jackson	Hunter	102	36	30, 31
Minnesota	Jackson	Minneota	101	36	6
Minnesota	Jackson	Rost	102	37	7-10, 15-23, 25-36
Minnesota	Jackson	Round Lake	101	38	11-15, 20-29, 32-36
Minnesota	Jackson	Sioux Valley	101	37	1-35

<sup>1</sup> However, Three Waters reserves the right to site up to 100 MW of the 201 MW Project within Osceola and Dickinson counties in Iowa. The Iowa portion of the Project encompasses approximately 11,000 acres.

Request for Comments for the Three Waters Wind Project  
Jackson County, MN  
August 12, 2019

The Project would be situated within an approximately 48,087 acre area (Project Boundary) as indicated in the attached **Figure 1**. The Project component would include:

- Up to 71 primary and 23 alternate wind turbines (using GE 2.82/127 2.82 MW generators) and related equipment;
- New gravel access roads to each turbine site and certain improvements to existing roads leading to turbine sites;
- A Project operations and maintenance (O&M) building;
- Underground electric collection lines and fiber-optic communication system;
- A Project substation/switchyard;
- A 345 kilovolt (kV) overhead generation tie-in transmission line (Gen-Tie Line) that would connect the Project substation to the point of interconnect (POI) located within the Project Boundary<sup>2</sup>;
- Up to four permanent meteorological towers;
- One Aircraft Detection Lighting System sites; and
- Additional temporary construction areas, including crane paths, pulls sites, access roads, a batch plant, and a laydown yard.

Three Waters is requesting a Certificate of Need (CN) and a Site Permit (SP) for a Large Wind Energy Conversion System (LWECS) from the Minnesota Public Utilities Commission (PUC) for the Project. On July 31, 2019, Three Waters submitted a Certificate of Need Application to the PUC (Docket No. IP-7002/CN-19-154). Additional required permits will be requested from applicable resource agencies, municipalities and others as needed to construct and operate the Project. Scout plans to submit the SP application in September 2019; other required applications will be submitted to applicable agencies as Project information is developed throughout the next year.

The turbine layout, access road, Project O&M building, electrical collection/communication line, Gen-Tie Line, Project substation and temporary construction area locations are being finalized at this time. To facilitate your review, we have enclosed a map of the Project's location, associated Project Boundary, and a preliminary turbine layout (**Figure 1**).

To assist in the initial evaluation processes, we respectfully request that you provide Three Waters with information and/or comments regarding the proposed Project, Project Boundary, preliminary Project layout, and stakeholder input concerning applicable permitting processes. Please respond within 30 days of receipt of this letter so that Three Waters can address the comments, as appropriate, and include them in the CN, SP and associated applications for Project approval. We appreciate your assistance as we evaluate the siting information and work through the permitting and approval processes for the Project.

If you have any questions or comments you would like to discuss, please contact our consultant, Mike Greczyn of Altis Energy Services LLC at 785.393.6505, [mgreczyn@altisenergy.com](mailto:mgreczyn@altisenergy.com), or in writing at Altis Energy, 301 South Bermont Avenue, Lafayette, CO 80026. We look forward to your input and appreciate your assistance.

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<sup>2</sup> Note that the POI and Project substation/switchyard are located adjacent to one another in Township 101N, Range 37W, in Section 22 in Sioux Valley Township (Figure 1). Three Waters expects the Gen-Tie Line will be a relatively short distance transmission line located within the Project Boundary. The Project would interconnect with ITC Raun-Lakefield existing 345 kV transmission line at the POI location.

Request for Comments for the Three Waters Wind Project  
Jackson County, MN  
August 12, 2019

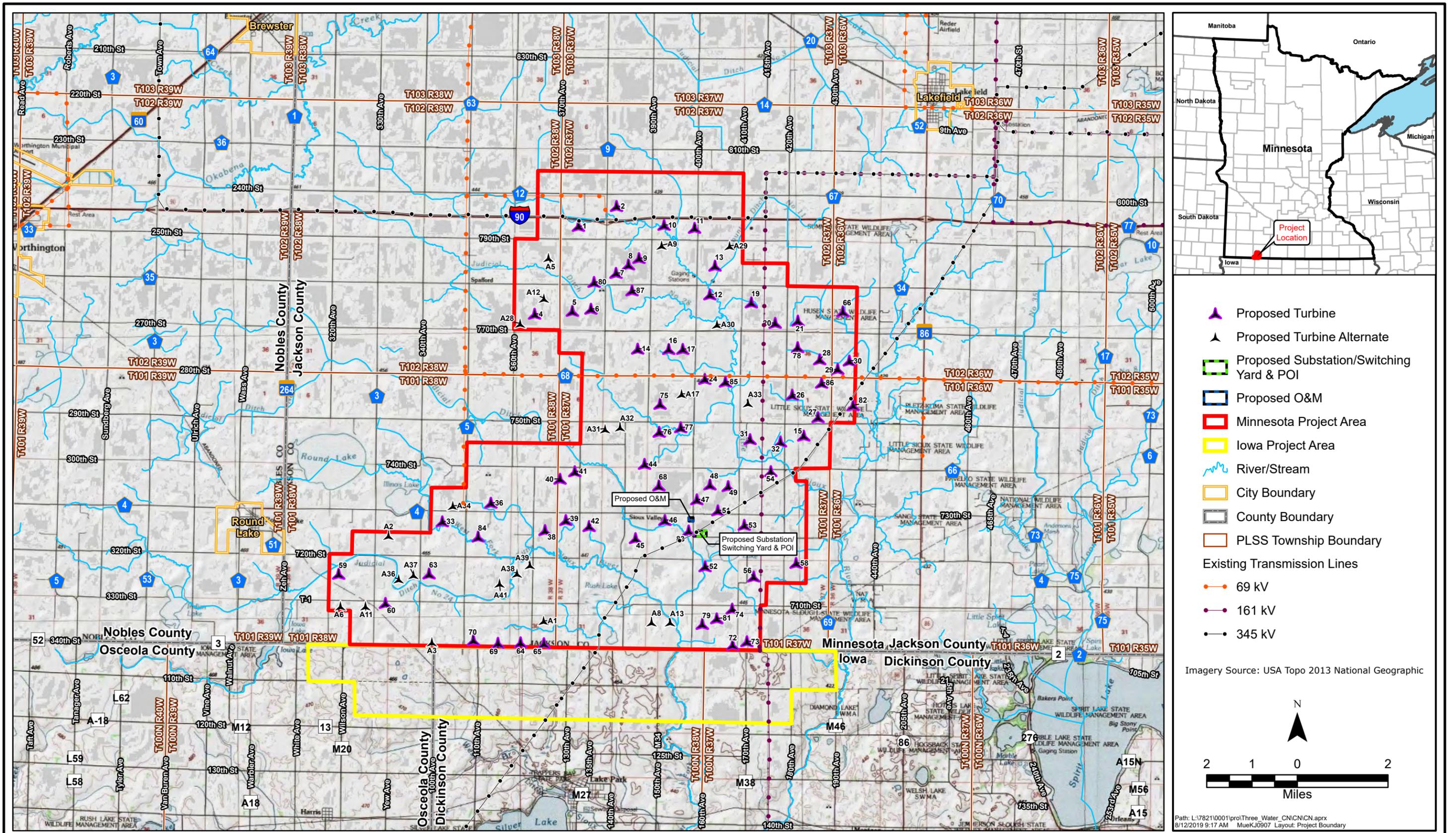
Sincerely,

**Scout Clean Energy**



Mark Wengierski, Senior Project Manager

Enc.            Figure 1 Three Waters Wind Project Boundary and Preliminary Turbine Layout  
Map



THREE WATERS WIND PROJECT - JACKSON CO, MINNESOTA  
 Project Boundary and Preliminary Turbine Layout



AUG 2019  
 Figure 1

Path: L:\7821\0001\proj\Three\_Water\_CN\CN\CN.aprx  
 8/12/2019 9:17 AM MueKJ0907 Layout: Project Boundary

**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.
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1. Article Addressed to:

Chris Bauer, BWSR  
603 Hwy 86  
Lakefield, MN 56150



9590 9402 4032 8079 8351 08

2. Article Number (Transfer from service label)

7015 1520 0000 2934 5691

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Chris Bauer  
 Song K Koch  Agent  
 Addressee

B. Received by (Printed Name) Song Chris Hall C. Date of Delivery 8/14/19

D. Is delivery address different from item 1?  Yes  
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  - Registered Mail™
  - Registered Mail Restricted Delivery
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Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$7.00
<b>Total</b>	<b>\$6.95</b>



Sent To Chris Bauer, BWSR  
 Street and Apt. No., or PO Box No. 603 S Hwy 86  
 City, State, ZIP+4® Lakefield, MN 56150

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1. Article Addressed to:

Tom Kresko  
MADNR  
175 Co Rd 26  
Windom, MN 56101



9590 9402 4032 8079 8358 49

2. Article Number (Transfer from service label)  
7015 1520 0000 2934 5660

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A. Signature  
X Sarah Friesen  Agent  Addressee

B. Received by (Printed Name) Sarah Friesen C. Date of Delivery 8-14-19

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

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  - Certified Mail Restricted Delivery
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  - Collect on Delivery Restricted Delivery
  - Insured Mail
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  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
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  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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Extra Services & Fees (check box, add fee, if appropriate)	\$2.80	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	AUG 12 2019
Postage	\$0.70	08/12/2019
Total Postage and Fees	\$7.00	
	\$6.95	

Sent To Tom Kresko, MADNR  
Street and Apt. No., or PO Box No. 175 Co Rd 26  
City, State, ZIP+4® Windom, MN 56101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1520 0000 2934 5660

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1. Article Addressed to:

Bob Patton, MDA  
625 Robert Street N  
St. Paul, MN 55155



9590 9402 4032 8079 8351 15

2. Article Number (Transfer from service label)  
7019 0160 0000 4103 4239

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Jerguson*  Agent  
 Addressee

B. Received by (Printed Name)  
*Bond*

C. Date of Delivery  
8-13-19

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If YES, enter delivery address below:  No

STATE OF MINNESOTA  
CENTRAL MAIL ROOM  
395 JOHN IRELAND BLVD.  
DOT BLDG. ROOM G-60  
ST. PAUL, MN 55155

3. Service Type
- Adult Signature
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
<b>Total Postage and Fees</b>	<b>\$7.00</b>
<b>\$6.95</b>	

Sent To: *Bob Patton, MDA*  
Street and Apt. No., or PO Box No. *625 Robert St N*  
City, State, ZIP+4® *St. Paul, MN 55155*

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0353 5559  
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1. Article Addressed to:

Stacy Katch Egstad  
 Mn DOT  
 395 John Ireland Blvd  
 MS 678  
 St. Paul, MN 55155



9590 9402 4032 8079 8351 22

2. Article Number (Transfer from service label)

7019 0160 0000 4103 4246

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Jerguson*  Agent  Addressee

B. Received by (Printed Name)  
*Bauer*

C. Date of Delivery  
 8-13-19

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

**STATE OF MINNESOTA  
 CENTRAL MAIL ROOM  
 395 JOHN IRELAND BLVD.  
 DOT BLDG. ROOM G-60  
 ST. PAUL, MN 55155**

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
<b>Total Postage and Fees</b>	<b>\$7.00</b>
<b>Sent To</b>	<b>Stacy Katch Egstad, Mn DOT</b>
Street and Apt. No., or PO Box No.	395 John Ireland Blvd, MS 678
City, State, ZIP+4®	St. Paul, MN 55155

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08/12/2019

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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"/> Agent  <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p>Mark Oja          USDA - MN          375 Jackson Street          Ste 600          St. Paul, MN 55101</p>  <p>9590 9402 4032 8079 8357 95</p>	<p>B. Received by (Printed Name) C. Date of Delivery          Ryan Galburn 08/19/19</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>2. Article Number (Transfer from service label)          7015 1520 0000 2934 5615</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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OFFICIAL USE

Certified Mail Fee	\$3.50	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.70	
<b>Total Postage and Fees</b>	<b>\$7.00</b>	
	<b>\$6.95</b>	

AUG 12 2019

USPS

0359 0359

Sent To: Mark Oja, USDA - MN  
 Street and Apt. No., or PO Box No.: 375 Jackson St., Ste 600  
 City, State, ZIP+4®: St. Paul, MN 55101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1520 0000 2934 5615

**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. Article Addressed to:

John Beck  
NRCS  
375 Jackson St, Ste 600  
St. Paul, MN 55101



9590 9402 4032 8079 8357 71

2. Article Number (Transfer from service label)

7015 1520 0000 2934 5592

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Kamara Holmss  Agent  
 Addressee

B. Received by (Printed Name)  Kamara Holmss  
 C. Date of Delivery 8/19/19

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery 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
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1520 0000 2934 5592

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

SAINT PAUL, MN 55101

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

Total Postage and Fees \$6.95

Sent To  
 John Beck, NRCS.  
 Street and Apt. No., or PO Box No.  
 375 Jackson St. Ste 600  
 City, State, ZIP+4®  
 St. Paul, MN 55101



PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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. Article Addressed to:  
 Bret Eknes  
 MPUC  
 121 Seventh Place E  
 Ste. 350  
 St. Paul, MN 55101



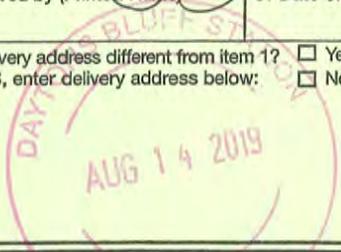
9590 9402 4032 8079 8358 25

2. Article Number (Transfer from service label)  
 7015 1520 0000 2934 5646

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X *Nancy J*  
 B. Received by (Printed Name) C. Date of Delivery

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



3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1520 0000 2934 5646

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SAINT PAUL, MN 55101  
**OFFICIAL USE**

Certified Mail Fee \$3.50  
 \$2.80  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.70  
 Total Postage and Fees \$6.95 \$7.00

Sent To *Bret Eknes, MPUC*  
 Street and Apt. No., or PO Box No. *121 Seventh Place E, Ste 350*  
 City, State, ZIP+4® *St Paul, MN 55101*

Postmark Here: *AUG 12 2019*  
 035 JAN 55359  
 08/12/2019  
 USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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. Article Addressed to:

Sarah Beimers  
 MN SHPO  
 Administration Bldg #203  
 50 Sherburne Ave  
 St. Paul, MN 55155



9590 9402 4032 8079 8351 53

2. Article Number (Transfer from service label)

7019 0160 0000 4103 4277

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kenyon*  Agent  Addressee

B. Received by (Printed Name) *Bowl* C. Date of Delivery *8-13-19*

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

**STATE OF MINNESOTA  
 CENTRAL MAIL ROOM  
 395 JOHN IRELAND BLVD.  
 DOT BLDG. ROOM G-60  
 ST. PAUL, MN 55155**

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

7019 0160 0000 4103 4277

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SAINT PAUL, MN 55155

**OFFICIAL USE**

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$7.00
<b>\$ 6.95</b>	

Sent To: *Sarah Beimers, MN SHPO*  
 Street and Apt. No., or PO Box No. *Admin Bldg #203, 50 Sherburne Ave*  
 City, State, ZIP+4® *St. Paul, MN 55155*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

*Maple Plain, MN*  
*03595359*  
*AUG 12 2019*  
*08/12/2019*  
*USPS*

**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. Article Addressed to:

Tim Stahl  
 Jackson Co. Public Works  
 53053 780th St.  
 Jackson, MN 56143



9590 9402 4032 8079 8351 77

2. Article Number (Transfer from service label)

7019 0160 0000 4103 4291

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Jared Baloun*

B. Received by (Printed Name) *Jared Baloun*

C. Date of Delivery *8-14-19*

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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JACKSON, MN 56143

**OFFICIAL USE**

Certified Mail Fee	\$3.50	
Extra Services & Fees (check box, add fee as appropriate)		\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.70	
<b>Total Postage and Fees</b>	<b>\$6.95</b>	<b>\$7.00</b>

Sent To: *Tim Stahl, Jackson Public Works*  
 Street and Apt. No., or PO Box No. *53053 780th St*  
 City, State, ZIP+4® *Jackson, MN 56143*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0160 0000 4103 4291



**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. Article Addressed to:

Andy Greiger  
 Jackson Soil & Water Con. Dist.  
 603 South Hwy 86  
 Lakefield, MN 56150



9590 9402 4032 8079 8353 75

2. Article Number (Transfer from service label)  
 7019 0160 0000 4103 4307

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Andy Greiger*  
 *Lanya Kohn*  Agent  
 Addressee

B. Received by (Printed Name) *Son Andy Greiger* C. Date of Delivery *8/14/19*

D. Is delivery address different from form 1?  Yes  
 If YES, enter delivery 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
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

7019 0160 0000 4103 4307

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LAKEFIELD, MN 56150

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$7.00
	\$6.95

Sent To *Andy Greiger, Jackson SWCD*  
 Street and Apt. No., or PO Box No. *603 South Hwy 86*  
 City, State, ZIP+4® *Lakefield, MN 56150*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p>Dan Card, MPCA 520 Lafayette Rd N St. Paul, MN 55155</p>  <p>9590 9402 4032 8079 8351 60</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>2. Article Number (Transfer from service label)</p> <p>7019 0160 0000 4103 4284</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																	

U.S. Postal Service™ <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only																					
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. SAINT PAUL, MN 55155																					
<b>OFFICIAL USE</b>																					
<table border="0"> <tr> <td>Certified Mail Fee</td> <td>\$3.50</td> </tr> <tr> <td>Extra Services &amp; Fees (check box, add fee as appropriate)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$0.00</td> </tr> <tr> <td>Postage</td> <td>\$0.70</td> </tr> <tr> <td><b>Total Postage and Fees</b></td> <td><b>\$7.00</b></td> </tr> <tr> <td><b>\$6.95</b></td> <td></td> </tr> </table>	Certified Mail Fee	\$3.50	Extra Services & Fees (check box, add fee as appropriate)		<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	<input type="checkbox"/> Return Receipt (electronic)	\$0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	<input type="checkbox"/> Adult Signature Required	\$0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	Postage	\$0.70	<b>Total Postage and Fees</b>	<b>\$7.00</b>	<b>\$6.95</b>		<p>Postmark Here</p> <p><b>AUG 12 2015</b></p> <p>08/12/2015</p> <p>USPS</p>
Certified Mail Fee	\$3.50																				
Extra Services & Fees (check box, add fee as appropriate)																					
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00																				
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Postage	\$0.70																				
<b>Total Postage and Fees</b>	<b>\$7.00</b>																				
<b>\$6.95</b>																					
<p>Sent To</p> <p>Dan Card, MPCA</p> <p>Street and Apt. No., or PO Box No.</p> <p>520 Lafayette Rd N</p> <p>City, State, ZIP+4®</p> <p>St. Paul, MN 55155</p> <p>PS Form 3800, April 2015 PSN 7530-02-000-9047 <span style="float: right;">See Reverse for Instructions</span></p>																					

7019 0160 0000 4103 4284

**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. Article Addressed to:

Tawn Hall  
 FEMA  
 603 S. Hwy 86  
 Lakefield, MN 56150



9590 9402 4032 8079 8357 64

2. Article Number (Transfer from service label)  
 7015 1520 0000 2934 5585

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Tawn Hall  Agent  Addressee

B. Received by (Printed Name)  
 Tawn Hall

C. Date of Delivery  
 8-14-19

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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LAKEFIELD, MN 56150

**OFFICIAL USE**

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

Total Postage and Fees \$6.95 \$7.00

Sent To Tawn Hall, FEMA

Street and Apt. No., or PO Box No.  
 603 S. Hwy 86

City, State, ZIP+4®  
 Lakefield, MN 56150

Postmark Here  
**AUG 12 2019**  
 08/12/2019

USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1520 0000 2934 5585

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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>Don Wilton</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p><i>John Fitzpatrick          FAA          6020 28th Ave S          Rm 102          Minneapolis, MN 55450</i></p>  <p>9590 9402 4032 8079 8358 01</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</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>2. Article Number (Transfer from service label)</p> <p><i>7015 1520 0000 2934 5622</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																	

7015 1520 0000 2934 5622

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

MINNEAPOLIS, MN 55450

<table border="0"> <tr> <td>Certified Mail Fee</td> <td>\$3.50</td> </tr> <tr> <td>Extra Services &amp; Fees (check box, add fee as appropriate)</td> <td>\$7.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$0.00</td> </tr> <tr> <td>Postage</td> <td>\$0.70</td> </tr> <tr> <td><b>Total Postage and Fees</b></td> <td><b>\$6.95</b> / \$7.00</td> </tr> </table>	Certified Mail Fee	\$3.50	Extra Services & Fees (check box, add fee as appropriate)	\$7.00	<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	<input type="checkbox"/> Return Receipt (electronic)	\$0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	<input type="checkbox"/> Adult Signature Required	\$0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	Postage	\$0.70	<b>Total Postage and Fees</b>	<b>\$6.95</b> / \$7.00	
Certified Mail Fee	\$3.50																		
Extra Services & Fees (check box, add fee as appropriate)	\$7.00																		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00																		
<input type="checkbox"/> Return Receipt (electronic)	\$0.00																		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00																		
<input type="checkbox"/> Adult Signature Required	\$0.00																		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00																		
Postage	\$0.70																		
<b>Total Postage and Fees</b>	<b>\$6.95</b> / \$7.00																		

Sent To  
*John Fitzpatrick, FAA*  
 Street and Apt. No., or PO Box No.  
*6020 28th Ave S, Rm 102*  
 City, State, ZIP+4®  
*Minneapolis, MN 55450*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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. Article Addressed to:

Lisa Joyal  
 MNDNR  
 Box 25  
 500 Lafayette Rd  
 St. Paul, MN 55155



9590 9403 0370 5163 3248 36

2. Article Number (Transfer from service label)

7015 1520 0000 2934 5684

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X M Fische

- Agent
- Addressee

B. Received by (Printed Name)

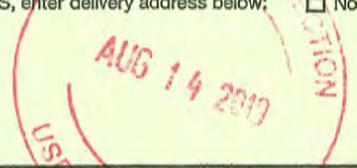
M Fische

C. Date of Delivery

8-14-19

D. Is delivery address different from item 1?  Yes

If YES, enter delivery 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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1520 0000 2934 5684

**U.S. Postal Service™  
 CERTIFIED MAIL® RECEIPT  
 Domestic Mail Only**

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

SAINT PAUL, MN 55155

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

Total Postage and Fees \$6.95 \$7.00

Sent To

Lisa Joyal, MNDNR

Street and Apt. No., or PO Box No.

Box 25, 500 Lafayette Rd

City, State, ZIP+4®

St. Paul, MN 55155



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**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. Article Addressed to:

Cynthia Warzecha  
 MnDNR  
 500 Lafayette Rd  
 St. Paul, MN 55155



9590 9402 4032 8079 8358 56

2. Article Number (Transfer from service label)  
 7015 1520 0000 2934 5677

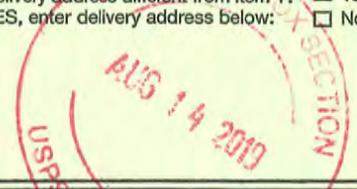
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *M Fischer*  Agent  Addressee

B. Received by (Printed Name)  
*M Fischer*

C. Date of Delivery  
 8-14-19

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



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

7015 1520 0000 2934 5677

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SAINT PAUL, MN 55155

**OFFICIAL USE**

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

Total Postage and Fees \$6.95 \$7.00

Sent To *Cynthia Warzecha*

Street and Apt. No., or PO Box No. *500 Lafayette Rd*

City, State, ZIP+4® *St. Paul, MN 55155*

Postmark Here **AUG 12 2019**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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. Article Addressed to:

Darlene Dahlseide  
Mn DOT / Office of Aeronautics  
222 Plato Blvd  
St. Paul, MN 55107



9590 9402 4032 8079 8351 46

2. Article Number (Transfer from service label)

7019 0160 0000 4103 4260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Sandra Mark*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input checked="" type="checkbox"/> Signature Confirmation™         |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

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

SAINT PAUL, MN 55107

OFFICIAL USE

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
<b>Total Postage and Fees</b>	<b>\$6.95 \$7.00</b>

Sent To: *Darlene Dahlseide, Mn DOT*  
Street and Apt. No., or PO Box No.: *222 Plato Blvd*  
City, State, ZIP+4®: *St. Paul, MN 55107*

AUG 12 2019  
08/12/2019  
USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0160 0000 4103 4260

**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. Article Addressed to:

Ryan Maltersud  
 USACE  
 180 Fifth Street East  
 Ste 700  
 St. Paul, MN 55404



9590 9402 4032 8079 8357 88

2. Article Number (Transfer from service label)

7015 1520 0000 2934 5608

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

ARRY TPASER

C. Date of Delivery

8/14/19

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery 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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 1520 0000 2934 5608

**U.S. Postal Service™  
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 Domestic Mail Only

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

SAINT PAUL MN 55101

Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

Total Postage and Fees \$6.95 \$7.00

Sent To

Ryan Maltersud, USACE

Street and Apt. No., or PO Box No.

180 Fifth St. E., Ste 700

City, State, ZIP+4®

St. Paul, MN 55404



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**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. Article Addressed to:

John Wachtler  
MDOC  
85<sup>th</sup> 7<sup>th</sup> Place East  
Ste 500  
St. Paul, MN 55101



9590 9402 4032 8079 8358 32

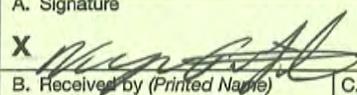
2. Article Number (Transfer from service label)

7015 1520 0000 2934 5653

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X   Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

8/14/19

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™**  
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Domestic Mail Only

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

SAINT PAUL, MN 55101

Certified Mail Fee	\$3.50	\$2.80
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	\$0.00
Postage	\$0.70	
Total Postage and Fees	\$6.95	\$7.00

Sent To: John Wachtler, MDOC  
85 7<sup>th</sup> Place E, Ste 500  
St Paul, MN 55101

Postmark: AUG 12 2019  
08/12/2019  
USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1520 0000 2934 5653

**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. Article Addressed to:

Marc Fischer  
MxDOT  
180 County Road 26  
Windom, MN 56101



9590 9402 4032 8079 8351 39

2. Article Number (Transfer from service label)

7019 0160 0000 4103 4253

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x Anita Perrizo  Agent  Addressee

B. Received by (Printed Name)  
Anita Perrizo

C. Date of Delivery  
8/14/19

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

7019 0160 0000 4103 4253

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

WINDOM, MN 56101

Certified Mail Fee	\$3.50	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$17.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.70	
Total Postage and Fees	\$6.95	\$7.00

Sent To  
Marc Fischer, MxDOT  
Street and Apt. No., or PO Box No.  
180 County Road 26  
City, State, ZIP+4®  
Windom, MN 56101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

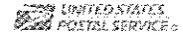
OFFICIAL USE  
MAPLE PLAIN, MN  
0359359  
AUG 12 2019  
Postmark Here  
08/12/2019  
USPS

7015 1520 0000 2934 5639  
6E95 4E62 0000 025T 5T02

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
MINNEAPOLIS, MN 55437	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$7.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$7.00
Sent to	Georgia Parkin, USFWS
Street and Apt. No., or PO Box No.	5600 American Blvd W, Ste 990
City, State, ZIP+4®	Bloomington, MN 55437
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



[Help](#)



# Product Tracking & Reporting

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Commitments](#)

[PTR / EDW](#)

[USPS Corporate  
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September 27, 2019

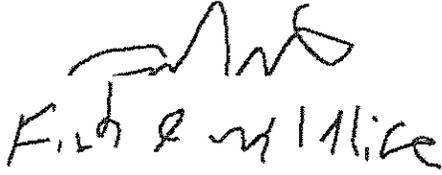
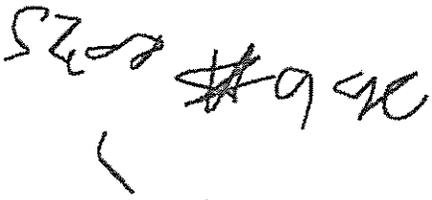
USPS Tracking Intranet

Delivery Signature and Address

Tracking Number: 7015 1520 0000 2934 5639

This item was delivered on 08/13/2019 at 09:55:00

[< Return to Tracking Number View](#)

Signature	
Address	

Enter up to 35 items separated by commas.

Select Search Type:

Product Tracking & Reporting, All Rights Reserved  
Version: 10.4.2.0.32

# Product Tracking & Reporting



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September 27, 2019

## USPS Tracking Intranet Tracking Number Result

Result for Domestic Tracking Number 7015 1520 0000 2934 5639

Destination and Origin		
<b>Destination</b>		
ZIP Code	City	State
554371458	MINNEAPOLIS	MN
<b>Origin</b>		
ZIP Code	City	State
553599391	MAPLE PLAIN	MN

Tracking Number Classification	
<b>Class/Service</b>	
Class/Service:	First-Class Certified Mail
Class of Mail Code/Description:	FC / First Class
<b>Destination Address Information</b>	
Address:	5600 AMERICAN BLVD W STE 990
City:	MINNEAPOLIS
State:	MN
5-Digit ZIP Code:	55437
4-Digit ZIP Code add on:	1458
Delivery Point Code:	40
Record Type Code:	Building/Apartment
Delivery Type:	Business, Central
<b>Origin / Return / Pickup Address Information</b>	
Address:	
City:	
State:	
5-Digit ZIP Code:	55359
4-Digit ZIP Code add on:	9391
<b>Service Delivery Information</b>	
Service Performance Date:	Expected Delivery by Wednesday, 08/14/2019
Delivery Option Indicator:	1 - Normal Delivery
Zone:	01
PO Box:	N
Other Information	<a href="#">Service Calculation Information</a>
<b>Payment</b>	
Payment Type:	Other Postage
Payment Account Number:	000000000000
Postage:	\$0.70
Weight:	0 lb(s) 2 oz(s)
Rate Indicator:	Single Piece - Letters
<b>Other Information</b>	
Related Product:	<a href="#">9590 9402 4032 8079 8358 18</a>
<a href="#">Agent Information</a>	

Extra Services	
<b>Extra Services Details</b>	
Description	Amount
Certified Mail	\$3.50

Events

Event	Event Code	Event Date	Event Time	Location	Input Method	Scanner ID	Carrier Route	Posting Date / Time (Central Time)	Other Information
DELIVERED, FRONT DESK/RECEPTION/MAIL ROOM	01	08/13/2019	09:55	MINNEAPOLIS, MN 55437	Scanned	MDD 15015DB083 (interface type - wireless)	Scanned by route 5437C001	08/13/2019 09:57:34	<a href="#">View Delivery Signature and Address</a> Facility Finance Number: 266335 <a href="#">Request Delivery Record</a>
ENROUTE/PROCESSED	10	08/13/2019	00:22	MINNEAPOLIS, MN 55401	Scanned	DBCS-085-	Destined to route 55437145840	08/13/2019 00:24:38	
ENROUTE/PROCESSED	10	08/12/2019	21:02	MINNEAPOLIS, MN 55401	Scanned	DIOSS-109-	Destined to route 55437145840	08/12/2019 21:15:35	
DEPART POST OFFICE	SF	08/12/2019	16:35	MAPLE PLAIN, MN 55358	System Generated			08/12/2019 16:59:33	Closeout Label ID: <a href="#">CT13 7174 7000 1805 1216 5033 000</a>
ACCEPT OR PICKUP	03	08/12/2019	15:36	MAPLE PLAIN, MN 553589321	Scanned	POS	Destined to route C001	08/12/2019 15:07:33	Facility Finance Number: 260040

Enter up to 35 items separated by commas

Select Search Type:

Product Tracking & Reporting, All Rights Reserved  
Version: 19.4.2.0.32