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AUG 29 2016



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM

Water Protection Program

**FORM W - CONCENTRATED ANIMAL FEEDING OPERATION
(CAFO) OPERATING PERMIT APPLICATION**

FOR OFFICE USE ONLY

CHECK NUMBER: 1203

DATE RECEIVED: 8-29-16 FEE SUBMITTED: \$150.00 RB

Complete all applicable sections. Instructions for completing the form are located at the end of the form. Sign, date and return the form and all requested documents along with a check for the appropriate permit fee to the Missouri Department of Natural Resources. Make a copy of this completed form and keep it with your nutrient management plan.

PART 1 - PERMIT OWNERSHIP AND CONTACT INFORMATION

1.1 OPERATION NAME Kiem Ho Farms	CURRENT PERMIT NUMBER MO-	COUNTY Newton
PHYSICAL ADDRESS 17604 Cherry	LEGAL DESCRIPTION Sec.: 33 Twn.: 27 Rng.: 31	TELEPHONE NUMBER WITH AREA CODE (314) 423-0479
CITY Diamond	STATE MO	ZIP CODE 64840
1.2 OWNER (PROVIDE LEGAL NAME) Kiem Ho	EMAIL ADDRESS kiemho777@gmail.com	
MAILING ADDRESS 431 Highland Meadow	TELEPHONE NUMBER WITH AREA CODE (314) 423-0479	
CITY Wentzville	STATE MO	ZIP CODE 63385
1.3 CONTINUING AUTHORITY (IF DIFFERENT THAN THE OWNER)		
MAILING ADDRESS		TELEPHONE NUMBER WITH AREA CODE
CITY	STATE	ZIP CODE

PART 2 - PERMIT TYPE AND PERMIT ACTION

2.1 PERMIT TYPE <input type="checkbox"/> NPDES Site Specific Permit Request review of draft permit prior to public notice. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NPDES General Permit (MOG01) <input type="checkbox"/> State No-Discharge General Permit (MOGS1)	2.2 PERMIT ACTION* <input checked="" type="checkbox"/> New Permit <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Ownership Transfer _____ PREVIOUS OWNERS NAME _____ ADDRESS _____ CITY STATE ZIP CODE _____ SIGNATURE DATE
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*See instructions for additional requirements and documents for the request permit action.

PART 3 - DESIGN CAPACITY FOR MANURE STORAGE AND ANIMALS OF EACH CAFO FEATURE

3.1 STORAGE STRUCTURE TYPES, AMOUNT OF STORAGE, AND AMOUNT OF MANURE GENERATED PER YEAR.

CAFO Feature	List All Manure Storage Structures at each CAFO Feature Storage Structure Type(s)	Dry Manure Handling System		Wet Manure Handling System			
		Design Dry Process Waste (tons/yr.)	Days of Storage	Total Storage Capacity (gal)	Design Wastewater per Year (gal./yr.)	Days of Storage	Design Flow MGD
001	F	KAS 1802 1855	365				
002	G	KRS 327 318	365				
003							
004							
005							

3.2 LIST EACH TYPE OF ANIMAL IN CONFINEMENT AND THE NUMBER OF EACH ANIMAL TYPE.

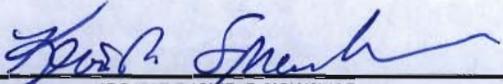
CAFO Feature	Animal Category #1	Animal Numbers	Animal Category #2	Animal Numbers	Animal Category #3	Animal Numbers
001	10	372,056				
002						
003						
004						
005						

PART 4 - OPERATIONAL INFORMATION

4.1 OPERATIONAL INFORMATION (SEE INSTRUCTIONS)
SIC Code(s) 0251 CAFO Class Size 1c

4.2 Is this an export-only operation? Yes No

Completing PARTS 5 - 11 will meet the requirements of a Nutrient Management Plan (NMP) for an export only operation.

PART 5 – MANURE STORAGE	
5.1 Do all manure storage structures have adequate storage, and operated and maintained as no discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 6 – ANIMAL MORTALITY	
6.1 PERMANENT METHOD OF DISPOSING OF ROUTINE ANIMAL MORTALITIES. <input checked="" type="checkbox"/> Composting <input type="checkbox"/> Rendering <input type="checkbox"/> Send to a Landfill <input type="checkbox"/> Incineration <input type="checkbox"/> Other (Describe)	
6.2 DESCRIBE METHOD OF MORTALITY HANDLING AND STORAGE THROUGH ALL PHASES TO FINAL DISPOSAL. (EXAMPLE: MORTALITIES ARE COMPOSTED WITHIN 24 HOURS OF DEATH AND FINISHED COMPOST PRODUCT IS STORED UNDER ROOF UNTIL LAND APPLIED). ALSO DESCRIBE THE TYPE OF COMPOST STRUCTURE USED, IF APPLICABLE. mortalities are composted within 24 hours of death and finished compost is stored under a roof until hauled off. Composting process is done in a an approved structure designed for the intended use.	
PART 7 – DIVERSION OF CLEAN WATER	
7.1 Is clean stormwater diverted from the production area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.2 IF YES, DESCRIBE CONTROLS AND MEASURES USED TO DIVERT STORMWATER. Poultry houses are all roofed. The area surrounding the poultry houses is properly graded to ensure proper drianage away from each houses. No storm water enter's the poultry houses	
7.3 IF NO, DESCRIBE HOW CONTAMINATED STORMWATER IS CONTAINED AND INCLUDE THE STORAGE CAPACITY OF THE CONTAINMENT IF NOT PREVIOUSLY PROVIDED.	
PART 8 – PREVENT DIRECT CONTACT OF ANIMALS WITH SURFACE WATERS	
8.1 Do the animals have access to waters of the state within the production area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8.2 LIST MEASURES USED TO PREVENT CONFINED ANIMAL FORM HAVING DIRECT CONTACT WITH WATERS OF THE STATE. Birds are confined into each house for the entire duration of growth cycle.	
PART 9 – CHEMICAL HANDLING	
9.1 Check the appropriate boxed below to indicate method for handling and disposal of chemicals used by the operation: <input checked="" type="checkbox"/> Chemicals are stored, handled, and disposed of according to manufacturer labels. <input checked="" type="checkbox"/> Chemical storage and handling areas are protected from precipitation and runoff, and any spillage is contained within these areas. <input checked="" type="checkbox"/> Emergency procedures and equipment are in place to contain and clean up chemical spills. <input checked="" type="checkbox"/> Equipment wash areas are designed and constructed to prevent contamination of surface waters. <input checked="" type="checkbox"/> No chemicals are stored or handled in the production area.	
PART 10 – MANURE ANALYSIS TESTING	
10.1 LIST EACH TYPE OF MANURE SOURCE. (i. e. MANURE, LITTER, COMPOST, WASTE WATER.) Litter and Compost	
10.2 DESCRIBE PROCEDURES FOR ENSURING EACH MANURE SOURCE IS TESTED ANNUALLY. required by permit and records are kept to ensure yearly compliance	
PART 11 – RECORD KEEPING	
11.1 Are records of all inspections, manure transfers, discharges and land application maintained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 12 – SIGNATURE	
NAME <i>Kiem Ho</i>	TITLE <i>OWNER</i>
SIGNATURE <i>KIEM HO</i>	DATE <i>08/19/16</i>
Part 13 - Engineer Certification	
House Bill 28, which became effective Aug 28, 2013, contained provisions that changed construction permitting requirements. Construction permits are required for the construction of an earthen storage structure to hold, convey, contain, store, or treat domestic, agricultural, or industrial process wastewater. Construction of all other point source systems designed to hold, convey, contain, store, or treat domestic, agricultural, or industrial process waste must be designed by a professional engineer registered in Missouri in accordance with design regulations.	
Operation Name <i>KIEM HO FARMS</i> Address <i>17604 CHERRY</i> City <i>DIAMOND, MD 64840</i>	Engineer Firm <i>ANDERSON ENGINEERING, INC</i> Address <i>218 5TH ST.</i> City State Zip Code <i>MONTECLO, MO 65708</i>
I, Project Engineer, certify that above described systems have been designed in accordance with Missouri CAFO design regulations in 10 CSR 20-8.300  PROJECT ENGINEER SIGNATURE	ENGINEER SEAL 

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AUG 29 2016

Water Protection Program

Date: 8/25/16

I acknowledge receiving the packet for Kiem Ho Farms regarding the 8 house poultry operation that is being put in at 17604 Cherry Rd. Diamond MO.

Alan Coff

7016 1370 0000 1538 4112

U.S. Postal Service™
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JEFFERSON CITY, MO 64502

OFFICIAL USE

Certified Mail Fee	\$3.30
Extra Services & Fees (check box, add fee as appropriate)	\$7.70
<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	\$0.68
Total Postage and Fees	\$0.68

Sent To

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

City, State, ZIP+4®

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



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INSTRUCTIONS

PART 1 - PERMIT OWNERSHIP AND CONTACT INFORMATION

- 1.1 General location and contact information for the operation. Do not use P.O. Box or RR as physical address of the operation.
- 1.2 Provide the name of the legal entity that owns or operates the CAFO facility.
- 1.3 List the Continuing Authority, if it is the same as the Owner enter "Same as above". The Continuing Authority is the permanent organization or party, responsible for operation and maintenance of the CAFO. All corporate entities are to be listed with the Secretary of State's web site.

PART 2 - PERMIT TYPE

- 2.1 **Check only one box.** Indicate which permit you are applying for. EPA regulations require CAFO's that discharge to obtain a NPDES (general or site specific) permit. State Regulations require all Class I CAFO's that do not seek coverage under a NPDES permit to obtain a State No-Discharge General Permit.
- 2.2 Indicate which type of permit action is being requested. Application for NPDES permit must also complete Land Application Information Table.

Applications for new permits or permit modification the following additional documents must be submitted:

Title page of engineering documents or similar document. This must include name and address of the operation, date prepared, name and address of firm preparing the report, seal and signature of the engineer, and a statement indicating the project was designed in accordance with 10 CSR 20-8.300.

Narrative project summary. This shall include the number of confinement buildings, the design capacity in animal units and animal numbers for each type of animal, and an explanation of the manure management system and any proposed modifications.

Calculations showing the amount of manure generated annually, storage volume calculations and days of storage of all manure storage structures, including mortality composter.

An aerial and topographic map showing the extent of the production area including all confinement buildings, open lots, manure storage structures surface water and areas subject to a one hundred year flood event within or adjacent to the production area, and production area setback distances in accordance with 10 CSR 20-8.300(5)(B).

Nutrient Management Plan. NPDES permit applications for a new or modified permit shall include the operations nutrient management plan. For State no-discharge permit applications for a new permit shall include the operations nutrient management plan. If the operation is export only, completing Parts 5-11 meets this requirement.

Class I CAFOs shall also include proof of neighbor notice to all parties listed in 10 CSR 20-6.300(3)(C)2, maps that meets the requirement of 10 CSR 20-6.300(3)(C)4.

Applications for renewal of a NPDES permit shall include the NMP.

Ownership transfers must have previous owner name, address and signature.

PART 3 – DESIGN CAPACITY FOR MANURE STORAGE AND ANIMALS OF EACH CAFO FEATURE

Some of this information can be obtained from your current operating permit or construction permit if one was required.

- 3.1 From the table below enter the code for each storage structure type for a new permit. For renewal or modification enter the code for each storage structure type for each CAFO Feature listed on the permit. If there are multiple storage types at a CAFO Feature, use a comma to separate the code and days of storage. The Design Liquid Flow is only needed for NPDES permits, to calculate, divide the Design Wastewater per year by 365, and then divide by one million. (e.g. for a Design Wastewater per Year of 5,000,000 gal., $5,000,000 \div 365 = 13,698.6$ gal/day, then $13,698.6 \div 1,000,000 = .0136986$ MGD). Attach additional sheets if necessary.

Code	Storage Structure Type	Code	Storage Structure Type
A	Above Ground Storage Tank	F	Roofed Storage Shed
B	Below Ground Storage Tank	G	Mortality Composter
C	Underfloor (Deep) Pits	H	Anaerobic Digester
D	Storage Lagoon	I	Concrete Pad
E	Anaerobic Lagoon	J	Impervious Soil Pad

- 3.2 Per instructions in 3.1, enter the code from the table below for each animal category and the number of each animal type in confinement. Do not include animals in pasture.

Code	Animal Category	Code	Animal Category
1	Beef/feeder cattle, veal calves, cow/calf pairs, dairy heifers	7	Chicken laying hens and broilers with wet handling system
2	Horses	8	Chicken laying hens without wet handling system
3	Mature Dairy cows	9	Turkeys in growout phase
4	Swine under 55 lbs.	10	Chicken broilers, pullets and turkey poult in brood phase all without wet handling system
5	Swine over 55 lbs.		
6	Sheep, lambs, meat & dairy goats	11	Other (specify) Contact the Water Protection Program for Animal Equivalent Units and SIC Codes for other animal types.

PART 4 – OPERATIONAL INFORMATION

4.1 **SIC Code** - Enter SIC codes from table below in decreasing order by animal units, for each animal type in confinement. **CAFO Class Size**. Enter CAFO Class Size based on Animal Units (AU).

1 AU = ¹	Animal Category	SIC Code	1 AU = ¹	Animal Category	SIC Code	1 AU = ¹	Animal Category	SIC Code
1	Beef/feeder cattle	0211	0.7	Mature Dairy Cows	0241	55	Turkey/Turkey layers ²	0253
2.5	Hogs	0213	125	Broilers/Pullets ²	0251/0252	125	Poultry hatcheries ²	0254
10	Sheep, goats	0214	82	Chicken layers ²	0252	0.5	Horses	0272

¹ Animal unit conversion factor.

² Animal unit conversion factor is for dry manure handling system only

4.2 Indicate if this is an export only operation. If any amount of manure litter, and process wastewater is land applied on land owned, leased or controlled by the CAFO's owner, then it is not an export only operation.

PART 5 – MANURE STORAGE

State regulations require CAFOs ensure adequate storage of manure, litter, or process waste water, including the proper operation and maintenance of each storage facility

PART 6 - ANIMAL MORTALITY

State regulations require proper management of animal mortalities at all CAFOs and there be no discharge from dead animal collection, holding, or disposal areas at the CAFO's production area(s). In addition, the Missouri Department of Agriculture requires the collection or disposal of dead animals in accordance with the Dead Animal Disposal Law under Chapter 269 RSMo.

PART 7 - DIVERSION OF CLEAN WATER

State regulations require CAFOs to divert clean storm water, as appropriate, around the production area. If clean stormwater enters the production area it is considered contaminated and cannot be discharged from the production area.

PART 8 - PREVENT DIRECT CONTACT OF ANIMALS WITH SURFACE WATERS

State regulations require that CAFOs prevent the direct contact of confined animals with waters of the state.

PART 9 - CHEMICAL HANDLING

State regulations require chemicals and other contaminants handled on-site not be disposed of in any manure, litter, process wastewater, storm water storage or treatment system unless specifically designed to treat such chemicals and other contaminants

PART 10 - MANURE ANALYSIS TESTING

State regulations require that each unique source of manure be tested annually for nutrient content.

PART 11 – RECORD KEEPING

State regulations require specific records to be maintained and kept for five years.

PART 12 – SIGNATURE

Sign and date the application and submit to the department.

PART 13 – ENGINEER CERTIFICATION

The may be completed by the project engineer to certify that the project was designed according to state design regulations in place of submitted the title page of the engineering documents.

LAND APPLICATION INFORMATION TABLE (REQUIRED FOR NPDES PERMITS ONLY)

Attach additional sheets if necessary.

Field Name – Enter the name of each land application field in the NMP.

Legal Description – Enter section, township and range in which majority of the field is located in.

Spreadable Acres – Enter the spreadable acres for each field.

P Loss Risk - Enter either Soil Test P rating or P Loss Index rating for each field.

N or P based Application - Indicate if the field is N or P based application rate.

Crop – Enter all crops that are planned to be grown and any alternative crops that might be grown for each field. Alternative crops with planned yield and application rates must be included in your NMP. If more than five crops are to be listed, continue on next line.

Yield Goal – Enter realistic yield goal for each crop.

Return the application form along with permit fee and other documents, to the address below. If there are any questions concerning this form or permits, contact the department's Water Protection Program at 573-751-1300 or waterag@dnr.mo.gov

Water Missouri Department of Natural Resources
Protection Program
P.O. Box 176
Jefferson City, MO 65102

Date:

Dear:

This letter is being sent to you pursuant to Department of Natural Resources (DNR) regulations for new or expanded animal feeding operations. House Bill 1207 established opportunity for nearby landowners to comment on proposed animal facilities above certain size guidelines.

I am proposing to construct 8 new 55'x 575' broiler houses containing 46,507 birds per house with an operating capacity at 372,056 birds. The facility will be located on 60 acres, SW COR SEC 33 E 1980' TO POB N 1320.38' E 1980.90' S 1320.41' W 1982.40' TO POB SECTION-TOWNSHIP-RANGE 33-27-31 Newton County Missouri. 17604 Cherry Rd. Diamond MO

Enclosed is a map showing the location of the proposed new building(s) and a waste management plan detailing how the facility will be operated. You may contact me for additional information on this facility. My address is:

Kiem Ho
431 Highland Meadow
Wentzville, MO63385
Phone: (417) 314-743-9333

The Missouri Department of Natural Resources will accept written comments on this facility construction for a period of thirty days after receipt of this letter. Their address is:

Missouri Department of Natural Resources
Water Pollution Control Program
P. O. Box 176
Jefferson City, Missouri 65102

Please feel free to contact me if you have questions.

Sincerely,
Kiem Ho

Facility Summary
for

Kiem Ho
17604 Cherry
Diamond, MO 65768

FACILITIES:

This system is to manage the wastes from a Broiler Growout facility consisting of 8 broiler houses with 1 dead bird composter and stack shed. The eight 55' x 575' houses contain 46,507 per house. Total farm capacity is 372,056 birds. Mortalities will be composted in a roofed composter with impermeable concrete floors.

Water for this facility will be supplied by three new wells.

PRODUCTION:

This system will manage the waste from a broiler operation that has 8 houses with a total capacity of 372,056 birds. Annual production will be 7 flocks with approximately 2 weeks between flocks. Flock life is approximately 5 weeks. Average weight is estimated at 3.8 lb./bird. Average daily litter production (manure and bedding) is estimated at 0.63 cu.ft. per 1000 pounds of animal capacity or 1855 tons annually. Bedding used is rice hulls and or wood shavings. At 34 lb./cu.ft., volume of manure and bedding is approximately 120,548 cu.ft. annually. Houses are cleaned out about every 50 weeks. Cake material will be removed between flocks. No wash water or other freshwater enters the waste management system.

Death losses are expected to average 4% for each flock, or about 327 tons of carcasses annually. Loss percentage is average for industry.

COLLECTION:

Birds are confined in buildings at all times. Waterers are dry nipple type so litter remains dry. Buildings have compacted earth floors. Litter accumulates fairly uniformly on floors. All manure and litter from the operation is collected in the houses.

Dead birds will be removed daily to the composting facility.

STORAGE/TREATMENT:

Litter will be stored inside the houses between cleanouts. Storage period is approximately 365 days. Storage volume for this period will be approximately **202,400** cu.ft. If litter accumulates too quickly, a total cleanout will be needed biannually. Areas around houses are graded so all storm water drains away from houses. An additional runoff barrier is provided by one-foot concrete stem walls which hold wall trusses. Some decomposition takes place during storage due to composting action which reduces volume to some extent. Litter will not be stored outside of houses where exposed to rainfall.

Broiler Houses $((55' * 575') 0.8') 8 = 202,400$ cu.ft. total storage.

Separation Distances: (ft.)	<u>Storage</u>	<u>Required Buffer Distances</u>
Property Line	50	50
Planned Well	100	100
Permanent Stream	N/A	100
Intermittent Stream	300	100
Losing Stream	N/A	300
Abandoned Mines	N/A	300
Non-owned Dwelling	1200	50
State/County Roads	850	50

Dead bird carcasses will be composted according to recommended guidelines. After the composting process is completed, the compost will be stored in the facility until spread on appropriate soil plant filter acres.

TRANSPORT:

Waste (litter and/or compost) will be hauled to soil plant filter in spreader trucks owned by a custom operator or the producer. Spreader trucks commonly used haul 6 to 8 tons of litter or approximately 350 to 450 cu.ft. per load. Litter is removed from houses and placed in spreader trucks for land application.

If a custom operator or person other than the owner is spreading the litter, training will be provided to that person or operator. They will be made aware of requirements listed in the "Operating Permit".

UTILIZATION:

All wastes from this system will be sold and removed off the farm. Houses will be cleaned once per year. Normally, houses will be cleaned in November. Caked litter will be removed from houses between flocks as needed. This "cake" will be stored in a stacking shed and sold. Records of litter sold will be kept using DNR log sheets and kept on the farm.

Soils in this area generally have low potential for leaching to a usable, pumpable aquifer.

The spreadable acres available are calculated by considering that litter will not be spread on slopes steeper than 12%; within 100ft of any public road, intermittent flowing streams, property lines, inhabited dwelling, lakes, permanent flowing streams, and privately owned impoundments not used as a water supply; or within 300 feet of any sinkholes, losing streams, caves, abandoned wells, water supply wells, or impoundments. Litter will not be applied on flooded, saturated, ice covered or frozen soil. It may be applied when soils are in daily freeze/thaw cycles in the spring.

For proper utilization of the nutrients contained in litter, it must be tested for nutrient content and applied according to soil test recommendations for the crops to be grown. Litter should be analyzed at each cleanout, and soil tests should be conducted every three years. Litter applications have typically been conducted using the nitrogen based approach; however, phosphorus levels in the soils will likely increase with several years of litter application using this application approach. When phosphorus levels test high on standard soil tests, litter should only be applied to meet crop removal needs for phosphorus, as no further buildup is recommended. If phosphorus tests "very high" or "excess", no litter or commercial phosphate fertilizer should be applied. For this plan, all litter will be applied based on CNMP recommendations developed specifically for this operation.

Based upon RUSLE calculations, soil loss is within tolerable limits, therefore; no further conservation practices are needed to reduce soil loss.

OPERATION AND MAINTENANCE:

The owner of the poultry farm is responsible for safe operation and maintenance of this nutrient management system. Concerns include health of the poultry flock as well as safety in the environment. Poultry companies, through their fieldmen, may also have policies or recommendations concerning operations. The owner is responsible for safe management and application of his or her litter, even though some or all of it may be sold and applied on land not under his or her direct control. It is essential that records be kept of all litter applied and litter sold. Records will include name of person sold to, date, field number of application, volume and tons/acre, acres, and type of cover or forage crop. These records must be kept at the facility. Attached is a DNR Poultry Manure Spreading Record sheet that will be used.

Operation of the composter will be in accordance with NRCS and/or University of Missouri recommendations. Monitoring of temperatures is essential to proper operation of the composter. A dial thermometer with 36" probe may be the most practical method of checking temperatures. **Temperatures of 140 to 150 degrees should be reached in primary and secondary bins.** Temperatures higher than this should be watched carefully as spontaneous combustion and fires can result. Careful observation of the composting process will help develop skill in mixing proportions, moisture content and bird placement for best carcass breakdown.

If chemicals are to be used on this facility, they will be stored in proper containers. Expired chemicals and empty containers will be properly disposed of in accordance with state and federal regulations. Chemical storage areas will be self-contained with no drains or other pathways that will allow spilled chemicals to exit the storage area.

I certify all information provided is correct and accurate to the best of my knowledge.

Prepared by:
Melissa Gibbens



Guide to Animal Feeding Operations

Laws passed by the General Assembly to protect water quality in Missouri designated the Missouri Department of Natural Resources as responsible for establishing rules, policies and guidelines. By establishing and enforcing standards and properly managing animal waste, we can protect our valuable water resources. Preventing contamination is the key to protecting water quality for all Missouri citizens. The following requirements regulate concentrated animal feeding operations. When an operation meets all state requirements the department is required to issue a permit to such operation.

Rules and Laws

Requirements for Class I concentrated animal feeding operations are contained in state legislation, HB1207, under Section 261.105 and 640.700-640.755 of RSMo, supp, 1996. This law became effective June 25, 1996. Rules were issued March 31, 1999 and revised Jan. 29, 2009 and April 30, 2012 under 10 CSR 20-6.300.

Table 1. 1 Animal Unit Equals -

	1.0	Beef cow, feeder, veal calf, cow/calf pair and dairy heifer
	0.5	Horses
	0.7	Mature Dairy cows
	2.5	Swine weighing over 55 pounds
	10	Swine weighing under 55 pounds
	10	Sheep, lambs, and meat and dairy goats
	30	Chicken laying hens, pullets and broilers with a wet handling system
	55	Turkeys in growout phase
	82	Chicken laying hens without a wet handling system
	125	Chicken broilers and pullets, and turkey poults in brood phase, all without a wet handling system

Animal Class Category		Class IA	Class IB	Class IC	Class II
Animal unit equivalent		7,000	3,000 to 6,999	1,000 to 2,999	300 to 999
	Beef cow, feeder, veal calf, cow/calf pair and dairy heifer	7,000	3,000 to 6,999	1,000 to 2,999	300 to 999
	Horses	3,500	1,500 to 3,499	500 to 1,499	150 to 499
	Mature Dairy cows	4,900	2,100 to 4,899	700 to 2,099	210 to 699
	Swine weighing over 55 lbs.	17,500	7,500 to 17,499	2,500 to 7,499	750 to 2,499
	Swine weighing under 55 lbs.	70,000	30,000 to 69,999	10,000 to 29,999	3,000 to 9,999
	Sheep, lambs, and meat and dairy goats	70,000	30,000 to 69,999	10,000 to 29,999	3,000 to 9,999
	Chicken laying hens, pullets and broilers with a wet handling system	210,000	90,000 to 209,999	30,000 to 89,999	9,000 to 29,999
	Turkeys in growout phase	385,000	165,000 to 384,999	55,000 to 164,999	16,500 to 54,999
	Chicken laying hens without a wet handling system	574,000	246,000 to 573,999	82,000 to 245,999	24,500 to 81,999
	Chicken broilers and pullets, and turkey poults in brood phase, all without a wet handling system	875,000	375,000 to 874,999	125,000 to 374,999	37,500 to 124,999

Construction and operating permits are required for Class I CAFO animal confinement areas and waste management features. Permits are also required for any Class II CAFO that will discharge through a man-made conveyance. Prior to construction, both the construction permit and the land disturbance permit must be obtained. The operating permit must be obtained prior to placing animals in the confinement areas. Proposed permit actions are required to follow the public participation procedures outlined in 10 CSR 20-6.300.

Design and engineering requirements are located in 10 CSR 20- 8.300. Rules are available on the Missouri Secretary of State website at www.sos.mo.gov/adrules/csr/current/10CSR/10csr.asp. Additional information about CAFOs is available at www.dnr.mo.gov/env/wpp/cafo/index.html.

No Discharge

In Missouri, CAFOs must be designed constructed, operated and maintained as "no-discharge" facilities. This means the operation must contain all of the wastewater to be land-applied when conditions are favorable. They are not allowed to treat and release the wastewater to streams and rivers like most communities and industries.

Classification of Animal Feeding Operations

An operation is defined as a CAFO if it falls within the Class I size category and confines, stables, or feeds animals for 45 days or more in a 12 month period and a ground cover of vegetation is not sustained over at least 50 percent of the confinement area. All Class I operations must obtain a permit. Class II operations can voluntarily obtain a permit.

An AFO or CAFO's class size is based on the operating level in animal units of an individual animal type at one operating location. After a CAFO becomes a Class I operation, the animal units of all confined animals at the operating location are summed to determine whether the operation is Class IA, IB, or IC. Operations that are smaller than the Class II category are considered unclassified. Class II and smaller operations are not required to have a permit unless the department designates an operation as a CAFO for reasons such as to correct noncompliance, (i.e. unauthorized discharge). Table 1 shows the classifications and animal number thresholds for each. As of July 2012, there were approximately 20 Class IA, 40 Class IB and 420 Class IC CAFOs operating in Missouri. Approximately 35 Class II facilities have permits.

Buffer Distances and Neighbor Notification

There are minimum buffer distances required between the nearest confinement building or waste holding basin and any public building or occupied residence (see Table 2). The distances are determined by the number of animal units that will occupy the operation. The owner or operator is required to give notice to the adjoining property owners located within 1.5 times the listed buffer distance, the county governing body and the Department of Natural Resources when planning construction of a new or expanding an existing Class I CAFO.

Interested parties have at least 30 days in which to submit comments to the department. The 30 days begins either the date the neighbor notification was sent or the date the department receives the permit application, whichever date is later. Comments should be addressed to the Agriculture Unit Chief. The department reviews all comments, however, it can only consider water quality issues within the jurisdiction of the Clean Water Commission. The department will respond in writing to these comments after a permit decision has been made.

Table 2. Permit Requirements and Buffer Distances

<p>Class I Permits are required for all Class I Concentrated Animal Feeding Operations.</p> <p>Class IA - 3,000 feet buffer distance - Class IA operations must obtain a site specific permit. Class IB - 2,000 feet buffer distance - Class IB operations must obtain a general permit. * Class IC - 1,000 feet buffer distance - Class IC operations must obtain a general permit. *</p> <p>Class II and Unclassified - Buffer distance is not required.</p> <p>*Site-specific permit may be required on case-by-case basis.</p>

Odors from CAFOs

Many factors affect the level of odors coming from a CAFO including size, animal type, waste storage type, prevailing winds, topography as well as other operational and environmental factors. In addition, Class IA CAFOs are required to prepare and implement an odor control plan as described by the Air Pollution Control Program under its odor emission regulations. The odor control plan requires a detailed analysis of a Class IA CAFOs odor sources and a corresponding plan to reduce odor emissions. All other sizes of CAFOs are exempt from these regulations.

Air Pollution Control Program odor emission regulations require facilities to restrict their odor emissions such that they cannot be perceived above a defined level after it leaves the facilities property. Failure to comply with the odor standard can result in a violation and penalty. The odor emission level for Missouri is defined as follows:

No person may cause, permit, or allow the emission of odorous matter in concentrations and frequencies or for durations that odor can be perceived when one volume of odorous air is diluted with seven volumes of odor-free air for two separate trials not less than 15 minutes apart within the period of one hour. This odor evaluation shall be taken at a site not at the installation.

Nutrient Management Plans

All CAFOs must maintain a current Nutrient Management Plan, or NMP. The plan must be field specific. The plan must address the following minimum criteria:

1. Ensure adequate storage of manure, litter and process wastewater.
2. Incorporate procedures for proper operation and maintenance of the storage facilities.
3. Ensure proper mortality management.
4. Ensure clean water is diverted from the production area.
5. Prevent direct contact of confined animals with waters of the state.
6. Ensure chemicals and other contaminants are disposed of properly.
7. Identify site specific conservation practices to be implemented.
8. Identify protocols for testing of manure, litter, process wastewater, mortality byproducts and soil. (Wastewater sources must be tested annually and soils every five years.)
9. Ensure agricultural use of the nutrients in the manure, litter, or process wastewater. (NMPs must include a field-specific assessment of the potential for nitrogen and phosphorus loss from the field to surface waters.)
10. Ensure appropriate record-keeping.

In addition, the nutrient management plan must conform to the requirements of the Missouri Concentrated Animal Feeding Operation Nutrient Management Technical Standard, or NMTS. This document is available on the Web at www.dnr.mo.gov/env/wpp/cafo/index.html or by contacting the Water Protection Program.

Best Management Practices

Animal waste is applied as a plant nutrient and should always be managed so runoff does not occur. Best Management Practices, or BMPs, help to ensure this. The BMPs required by the permits are based on design requirements under 10 CSR 20-8.300 and the NMTS.

These BMPs require setbacks from the land application site and other features including streams, dwellings, public use areas, wells, springs and property lines. There are limitations to the rate of application, land slope of soil plant filter fields and soil conditions at the time of application. The runoff of wastewater during land application is not allowed. If runoff occurs, it is considered an unauthorized discharge and is a violation of the permit.

The land application separation distances are:

- 300 feet from losing streams, sinkholes, caves, wells, abandoned wells, water supply structures or impoundments and any other connection between surface and groundwater.
- 100** feet from permanent flowing streams.
- 100** feet from intermittent flowing streams.
- 50 feet from property lines.
- 100 feet from a privately owned impoundment not used as a water supply.
- 150 feet from dwellings or public use areas if applied with spray irrigation systems.
- 50 feet for application by tank wagon or solid spreader from dwellings or public use areas.

** The CAFO may substitute a 35-foot wide permanent vegetative buffer as an alternative to the 100-foot setback.

Other Permit Requirements for Concentrated Animal Feeding Operations

In addition to a construction and operating permit, a CAFO will need a land disturbance permit for storm water discharges from the construction sites of animal feeding operations if the area to be disturbed will total one acre or more. This permit must be obtained prior to any land clearing or grading. The land disturbance permit requires installation of best management practices to limit soil erosion and sediment movement during construction activities.

Additionally, an operation may need a Section 404, Clean Water Act, permit from the U.S. Army Corps of Engineers if it is filling or discharging material into waters of the United States, such as building a dam to impound water. The deposit of fill material in wetlands is also regulated and requires a permit under Section 404.

Special Requirements for Class IA Operations

The largest CAFO operations have special requirements including site-specific permits, critical watershed requirements, and additional monitoring, inspection and reporting. Specific Class IA requirements is available at 10 CSR 20-6.300(3)(H).

Floodplain

Animal waste storage structures must be located above the 100-year flood level. The U.S. Army Corps of Engineers, U.S. Department of Agriculture, Natural Resource Conservation Service and the Federal Emergency Management Agency can supply data about 100-year flood levels.

Areas with flood frequencies greater than once in 10 years should not be the only land available for land application of animal waste. Additionally, the bottom of the storage structure must be located at least 4-feet above the water table.

Location

Although the department determines a proposed site meets the requirements for buffer distances, setback distances, geologic conditions for storage structure, flood plain location and distance from surface waters, the department does not have the authority to determine the appropriate site placement or mandate a site move to a new location. The department does not have zoning authority nor does the department participate in or enforce local zoning requirements.

Department Oversight of CAFOs

The Missouri Department of Natural Resources is responsible for the oversight of CAFOs from an environmental stand point. The department conducts regular unscheduled inspections of permitted operations in accordance with Missouri law. In addition, any complaints received by the department are investigated. The department also reviews annual reports submitted by the operations, which are required by the permits.

Reporting Problems at CAFOs

Environmental problems at CAFOs can be reported to the local Department of Natural Resources Regional Office, or in the case of an emergency, by calling the Environmental Emergency Response at 573-634-2436.

Public Hearings

For any permit application, the public can request a public hearing. The department shall hold a public hearing if there is significant technical merit and concern related to the responsibilities of the Missouri Clean Water Law.

Public Access to Department Files

Department files are available to the public for review under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. These records are available from 8 a.m. to 5 p.m., Monday through Friday at 1101 Riverside Drive in Jefferson City, or copies can be sent for a fee. To request file information or make an appointment to review the files for a CAFO, contact the Water Protection Program at 573-751-1300 and ask to speak to the Custodian of Records.

Permit Appeal Process

Any aggrieved party may appeal the department's permit decisions. Appeals must be filed with the Administrative Hearing Commission, or AHC, within 30 days of the permit issuance. Appeals must be sent to the Administrative Hearing Commission at P.O. Box 1557, Jefferson City, MO 65102 or by fax to 573-751-5018. For more questions about how to appeal a permit, contact the Administrative Hearing Commission at 573-751-2422. This commission contracts with the department to assist in the department's decision-making processes. The AHC may conduct proceedings including a trial-type hearing to make a recommended decision to the Clean Water Commission. The Clean Water Commission makes the final decision. An appeal is a legal process, and the appellant seeks to prove to the AHC that a permit was issued unlawfully.

For more information

Engineering or Permit Questions

Missouri Department of Natural Resources

Water Protection Program

P.O. Box 176

Jefferson City, MO 65102-0176

800-361-4827 or 573-751-1300 office

573-526-1146 fax

waterag@dnr.mo.gov

www.dnr.mo.gov/env/wpp/index.html

Odor Regulations

Missouri Department of Natural Resources

Air Pollution Control Program

P.O. Box 176

Jefferson City, MO 65102

573-751-4817 or 800-361-4827

www.dnr.mo.gov/env/apcp/index.html

Well Drilling Questions

Missouri Department of Natural Resources

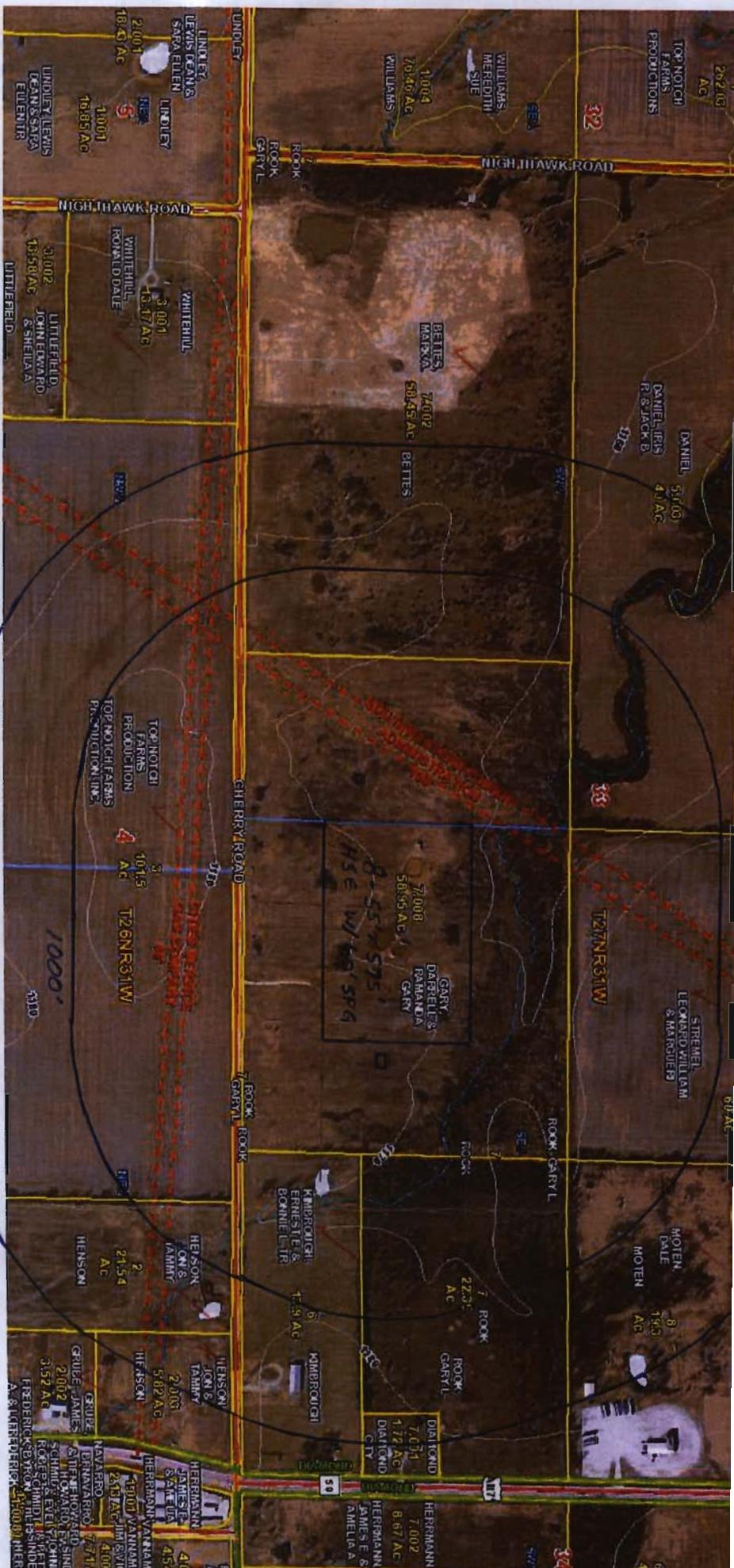
Water Protection Program, Wellhead Protection Section

P.O. Box 250

Rolla, MO 65402

573-368-2165

www.dnr.mo.gov/env/wpp/wellhd/index.html



N

1" = 600' ±



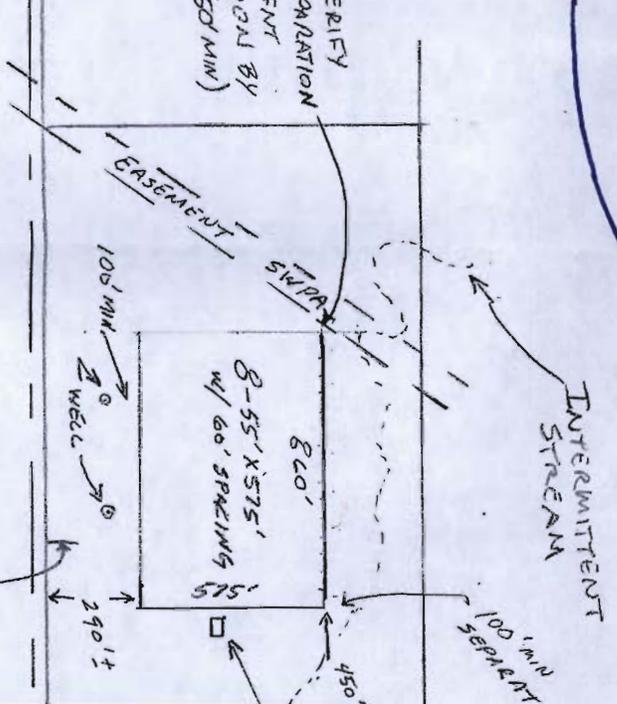
BUFFER MAP

ADJOINING PROPERTY
OWNERS SHALL
FOR

1500'

FIELD VERIFY
MIN. SEPARATION
& EASEMENT
LOCATIONS BY
SWPA (SD MIN)

N



1. DESIGN INFORMATION FOR Kiem Ho WASTE MANAGEMENT PLAN BROILERS
 2. DATE 23-Aug-16 COUNTY Newton Poultry2----> Version 1.93 April, 2010
 By: KRS SINGLE STAGE BROILER HOUSE(S)

I. GENERAL INFORMATION:

3. Total Capacity 372,056 birds 8 No. Houses
 4. Market Weight 3.8 Pounds 46,507 Birds per House
 5. Death Loss Rate 4 % 357,174 No. to market
 6. flocks/year 7.0 number
 7. Days/flock 35 Days/flock 5.00 Weeks/flock
 8. Spreader capacity 400 cu.ft. 6.8 tons
 9. Litter Volume per 1000 weight 0.63 cu.ft. 34 Litter Unit Weight lbs./cu.ft.
 10. Soil-plant Filter acres per 1000 weight 0.50 ac/1000 lbs. 45 Compost Unit Weight lbs./cu.ft.
 11. Crop Nitrogen Uptake MPAN Method 135 lb/ac/yr
 12. Average bird weight: 1.90 lbs.

II. CALCULATIONS:

13. 1000 weights 476 1000 wts
 14. Human Population Equivalents 23,790 HPE 50 Human Equivalent conversion Factor
 15. Litter Production per Year - Manure 109,111 cu.ft./yr. 1855 tons/yr.
 16. Litter Production per Year - Mortalities 14,138 cu.ft./yr. 318 tons/yr.
 17. Total Litter Production per Yr 123,249 cu.ft./yr. **SPREADING AND SPF REQUIREMENTS FOR ONE FLOCK**
 18. Number of Litter Loads 272.8 loads/yr. 0.5 hrs/load 39.0 loads/flock
 19. Days Spreading per Year 17.0 days/yr. 8.0 hrs/day 2.4 days/flock
 20. Litter Spread per Acre per Year 115 cu.ft./yr. 1.9 tons/yr. 16.4 cu.ft./flock (conv.)
 21. Compost Spread per Acre per Year 179 cu.ft./yr. 4.0 tons/yr.

SOIL-PLANT FILTER:

22. Conservative Management Approach:
 23. Acres Needed for Litter-Manure 951.6 acres 135.9 acres/flock
 24. Acres Needed for N from Compost 79.2 acres 11.3 acres/flock
 25. Total Acres Needed 1030.8 acres 147.3 acres/flock

COMPOSTER/INCINERATOR DESIGN:

26. Primary Bin Requirements 4039.5 cu.ft. From design formula in SCS-313a
 27. Bin Size: Width 10 Standard bin size, 8ft. wide, 6 ft. long, 5 ft. deep.
 28. Length 8
 29. Depth 4
 30. Primary Bins Needed 320.0 cu.ft. use ---> 13 Primary Bins
 31. Secondary Bin Requirements 12.6
 32. Secondary Volume Needed 4039.5 min. cu.ft. 13 Secondary Bins
 32. Carcasses per year 99.0 tons/yr
 33. Incinerator Estimator 1,939 lb charge capacity based on 1% per week average death loss at mature weight

STACKING SHED DESIGN FOR EXISTING FACILITIES WHERE QUANTITY OF LITTER IS KNOWN

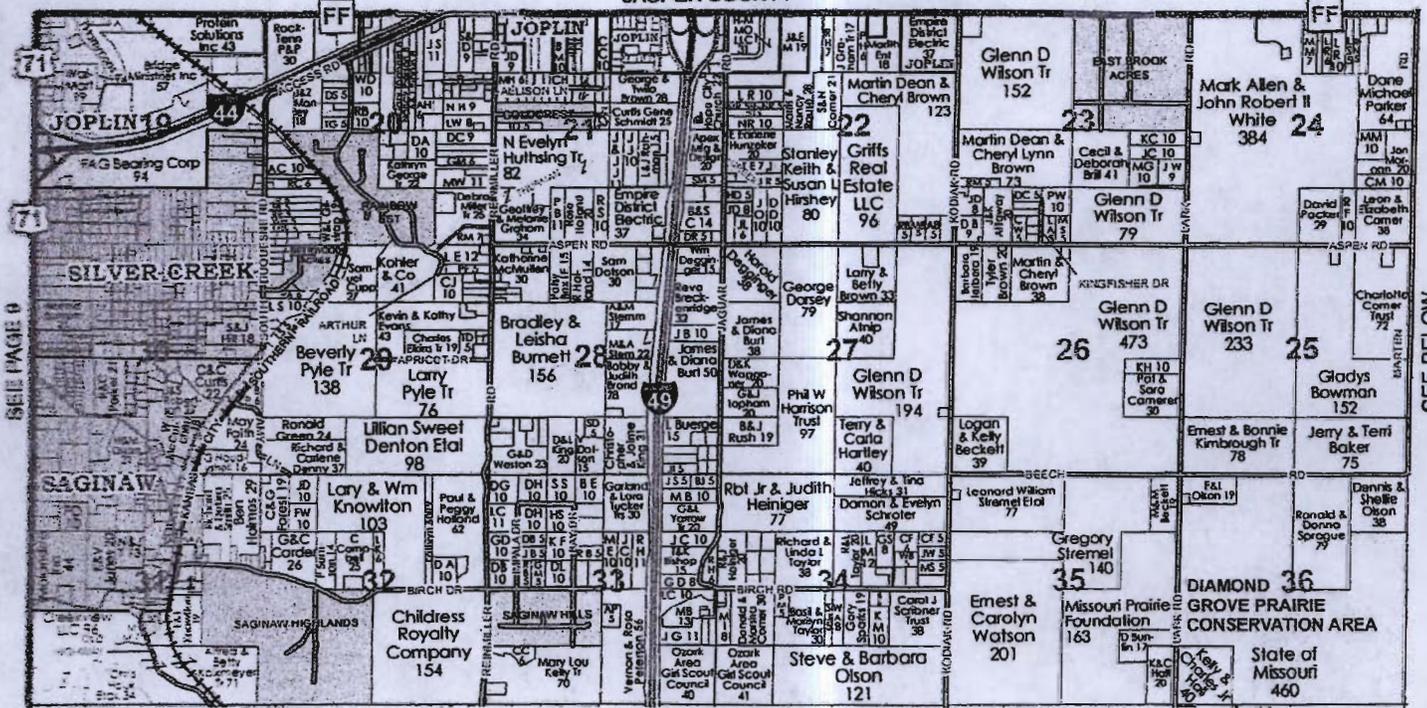
Cake Cleanout Estimate

34. Number of cake cleanouts to be stored 1 Cake Cleanouts
 35. Number of loads for single house cake cleanout 6 Loads

Township 27N - Range 32W

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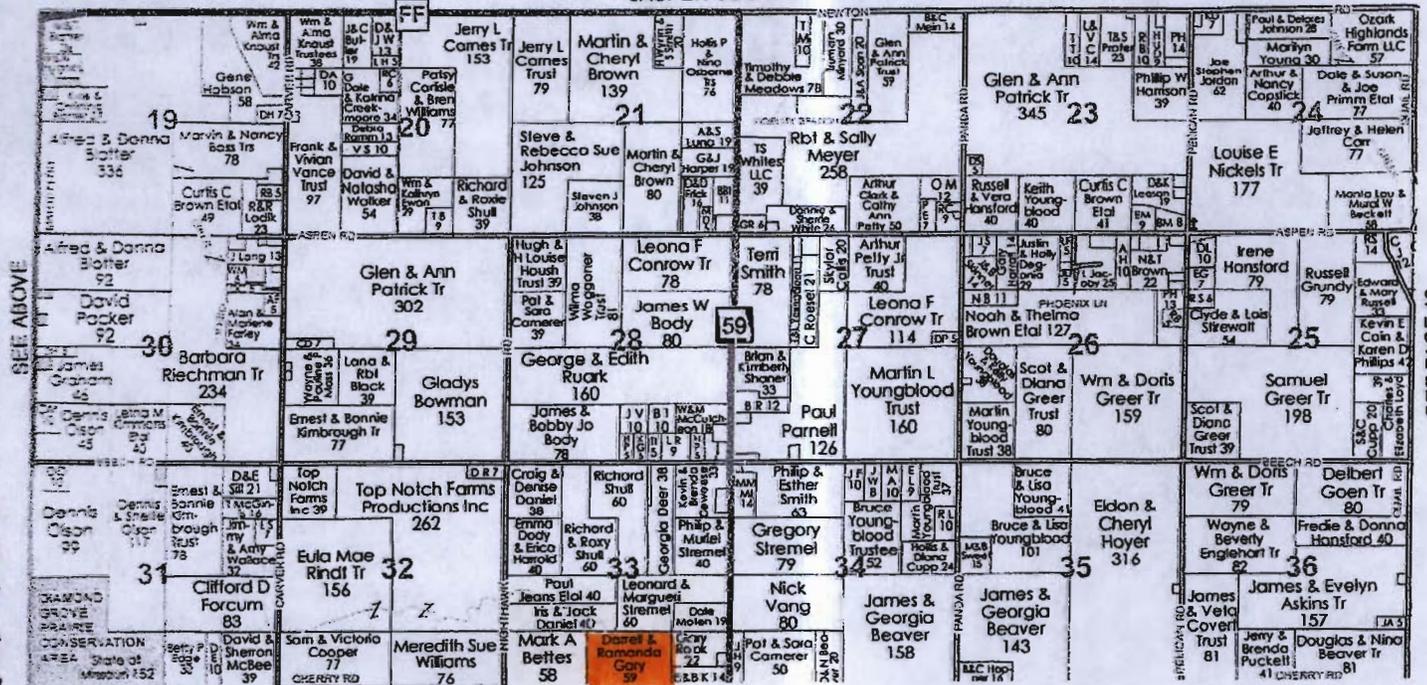


SEE PAGE 19

Township 27N - Range 31W

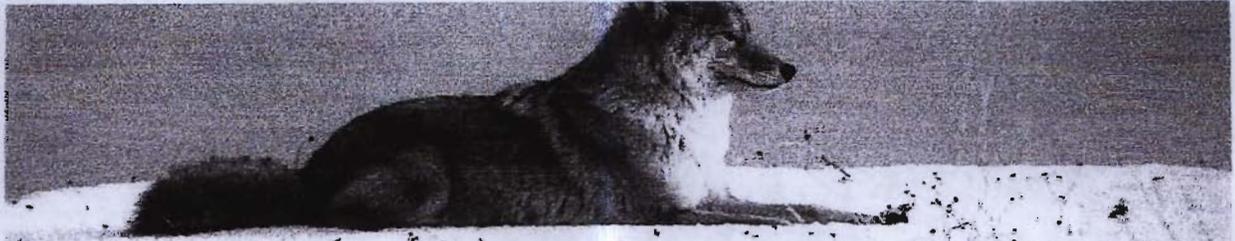
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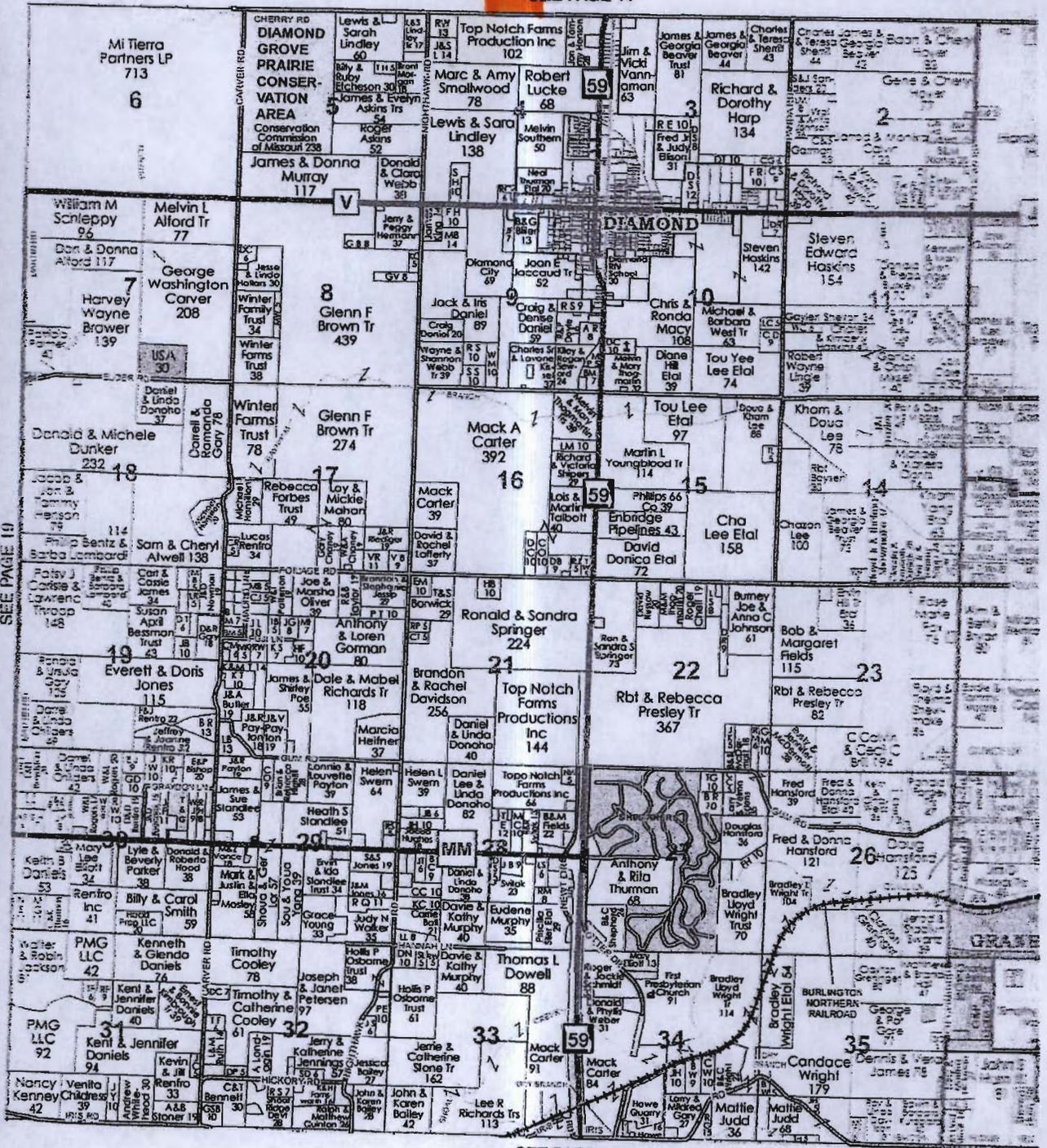
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Township 26N - Ran

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Diamond, MO 64840



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	\$0.68			
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 City, State, ZIP+4: DIAMOND, MO 64840

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	\$0.68	86127 1201 6
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 City, State, ZIP+4 CARTHAGE, MO 64836

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<p>1. Article Addressed to:</p> <p>Top Notch Farms Production 5335 South Garrison Carthage, MO 64836</p>  <p>9590 9402 1650 6053 3176 49</p>		<p>B. Received by (Printed Name) <i>Sarakabel</i></p> <p>C. Date of Delivery <i>7/18/16</i></p>	
<p>2. Article Number (Transfer from service label) 015 0920 0001 8906 5308</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>12</i> If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
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PS Form 3800, July 2014 See Reverse for Instructions

7015 0920 0001 8906 5292

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">James Grube 1144 North Washington Diamond, MO 64840</p> <p style="text-align: center;">  9590 9402 1650 6053 3175 64</p> <p>2. Article Number (Transfer from service label) 7015 0920 0001 8906 5292</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 6/29/16</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 style="text-align: right;">10</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 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 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"/> Registered Mail Restricted Delivery or \$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 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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery or \$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 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 type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Registered Mail Restricted Delivery or \$500)															

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

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com™.

DIAMOND, MO 64840

OFFICIAL USE

Postage	\$3.30	
Certified Fee	\$2.70	
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
	\$0.68	
Total Postage & Fees	\$6.68	

0885
 WENTZVILLE, MO
 Postmark Here
 JUN 27 2016
 866-999-9999
 65385-9999
 06/27/2016

Sent To: **ERNEST E. & BONNIE KIMBROUGH**
 Street & Apt. No., or PO Box No. **15655 BEECH ROAD**
 City, State, ZIP+4 **DIAMOND, MO 64840**

PS Form 3800, July 2014 See Reverse for Instructions

7015 0920 0001 8906 5315

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</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 style="text-align: right;">9</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ernest E. & Bonnie Kimbrough ✓ 15655 Beech Road Diamond, MO 64840</p> <p style="text-align: center;"> 9590 9402 1650 6053 3176 56</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 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 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 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 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 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 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>2. Article Number (Transfer from carrier label)</p> <p>7015 0920 0001 8906 5315</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

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SILOAM SPRINGS, AR 72761

OFFICIAL USE

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.68

Sent To: **DALE MOTEN**
 Street & Apt. No., or PO Box No.: **P.O. Box 488**
 City, State, ZIP+4: **SILOAM SPRINGS, AR 72761**

PS Form 3800, July 2014 See Reverse for Instructions

7015 0920 0001 8906 5353

0885
 MO 12
 JUN 27 2016
 06/27/2016
 63886

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																		
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Paula Wright <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Paula Wright</p> <p>C. Date of Delivery JUN 27 2016</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>1. Article Addressed to:</p> <p>✓ Dale Moten P.O. Box 488 Siloam Springs, AR 72761</p>																			
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 1650 6053 3176 94</p> <p>7015 0920 0001 8906 5353</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 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 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"/> Mail Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery</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 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 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"/> Mail Restricted Delivery		<input type="checkbox"/> Registered Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input 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 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"/> Mail Restricted Delivery																			
<input type="checkbox"/> Registered Mail Restricted Delivery																			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																		

7015 0920 0001 8906 5346

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DIAMOND, MO 64840

OFFICIAL USE

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$0.68
	\$6.68



Sent To GARY L. ROOK
 Street & Apt. No., or PO Box No. 18118 ASPEN ROAD
 City, State, ZIP+4 DIAMOND, MO 64840

PS Form 3800, July 2014 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:
 ✓ Gary L. Rook
 18118 Aspen Road
 Diamond, MO 64840



2. Article Number (Transfer from sender label)
7015 0920 0001 8906 5346

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]
 B. Received by (Printed Name) Gary L Rook
 C. Date of Delivery

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

7015 0920 0001 8906 5339

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JOPLIN MO 64804

OFFICIAL USE

Postage	\$2.70	0885
Certified Fee	\$0.00	12
Return Receipt Fee (Endorsement Required)	\$0.00	JUN 27 2016 JOPLIN MO 64804 0885 12 Postmark Here JUN 27 2016
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.68	

Sent To **LEONARD WILLIAM STREMEL**
 Street & Apt. No., or PO Box No. **13187 BEECH ROAD**
 City, State, ZIP+4 **JOPLIN MO 64804**

PS Form 3800, July 2014 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:
 ✓ Leonard William Stremel
 13187 Beech Road
 Joplin, MO 64804



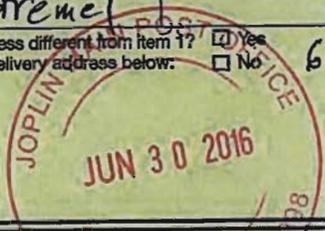
2. Article Number (Transfer from service label)
 015 0920 0001 8906 5339

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

COMPLETE THIS SECTION ON DELIVERY

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: **6**



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 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 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) | |

Domestic Return Receipt

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OFFICIAL USE
 SALINA OK 74363

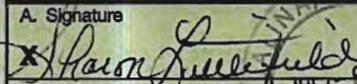
7015 0920 0001 8906 5285

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.68



Sent To: JOHN EDWARD & SUELA LITTLEFIELD
 Street & Apt. No.,
 or PO Box No. P.O. Box 1285
 City, State, ZIP+4 SALINA, OK 74363

PS Form 3800, July 2014 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. 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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>SHARON LITTLEFIELD</u> C. Date of Delivery <u>JUL 1 2016</u></p>																
<p>1. Article Addressed to:</p> <p><input checked="" type="checkbox"/> John Edward Littlefield P.O. Box 1285 Salina, OK 74363</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) 5 0920 0001 8906 5285</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 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 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 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 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 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 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</p>	<p>Domestic Return Receipt</p>																

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DIAMOND, MO 64840

OFFICIAL USE

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To: PAUL S. & JULIA SHEPHERD JEANS
 Street & Apt. No., or PO Box No.: 600 S. JEFFERSON
 City, State, ZIP+4: DIAMOND, MO 64840

PS Form 3800, July 2014

See Reverse for Instructions

7015 0920 0001 8906 5384

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:

✓ Paul S. & Julia M. Jeans
 600 South Jefferson
 Diamond, MO 64840



9590 9402 1650 6053 3176 25

2. 7015 0920 0001 8906 5384

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Julia M. Jeans* Agent Addressee
 B. Received by (Printed Name): Julia M. Jeans
 C. Date of Delivery: JUN 27 2016
 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 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 type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

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DIAMOND, MO 64840

OFFICIAL USE

7015 0920 0001 8906 5278

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.68



Sent To JON & TAMMY HENSON
 Street & Apt./No., or PO Box No. P.O. Box 6
 City, State, ZIP+4 DIAMOND, MO 64840

PS Form 3800, July 2014 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:
 ✓ Jon & Tammy Henson ✓
 P.O. Box 6
 Diamond, MO 64840



9590 9402 1650 6053 3176 32

2. Article Number (Transfer from service label)
 7015 0920 0001 8906 5278

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

 B. Received by (Printed Name) Tammy Henson
 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 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 type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery \$500 | |

Domestic Return Receipt

7015 0920 0001 8906 5032

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

For delivery information, visit our website at www.usps.com®.
 NEOSHO, MO 64850

Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.68



Sent To DARRELL & RAMANDA GARY
 Street & Apt. No., or PO Box No. 7226 CARVER ROAD
 City, State, ZIP+4 NEOSHO, MO 64850

PS Form 3800, July 2014 See Reverse for Instructions

MAIL DELIVERY

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SIDE

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:

✓ Darrell & Ramanda Gary
 7226 Carver Road
 Neosho, MO 64850


 9590 9402 1650 6053 3175 95

2. Article Number: 7015 0920 0001 8906 5032

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 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"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation Restricted Delivery

A. Signature Agent
 Darrell Gary Addressee
 B. Received by (Printed Name) DARRELL GARY C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2



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

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

For delivery information, visit our website at www.usps.com.

DIAMOND, MO 64840

OFFICIAL USE

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.68



Sent To JON & TAMMY HENSON
 Street & Apt. No.,
 or PO Box No. 6526 LIME KILN DRIVE
 City, State, ZIP+4 DIAMOND, MO 64840

PS Form 3800, July 2014

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.

Article Addressed to:

✓ Jon & Tammy Henson
 6526 Lime Kiln Drive
 Diamond, MO 64840



70 90 9402 1650 6053 3175 88

70 90 0920 0001 8906 5438

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
 Addressee

B. Received by (Printed Name)

[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 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 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) | |

Domestic Return Receipt