

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

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

OFFICIAL USE

7009 3410 0000 2594 7728

Postage	\$	11/20/11
Certified Fee		
Return Receipt Fee (Endorsement Restricted)		
Restricted Delivery (Endorsement)	Eric H. Bogue	
Total Post	Bogue & Bogue, LLP	
Sent To	Butler Insurance Building, Suite 2	
Street, Apt. or PO Box	104 West 1 st Street/P. O. Box 250	
City, State, ZIP+4	Faith, SD 57626-0250	

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Sara Hauser <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sara Hauser</p> <p>C. Date of Delivery 12-8-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Eric H. Bogue Bogue & Bogue, LLP Butler Insurance Building, Suite 2 104 West 1st Street/P. O. Box 250 Faith, SD 57626-0250</p>	<p>NOV 30 2011</p> <p>D NOV 30 2011</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7009 3410 0000 2594 7728 (Transfer from service label)</p>	<p>NOV 30 2011</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540