

7009 3410 0000 2595 1367

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

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

11/01/11

Postmark
Here

DeWayne Johnston
Johnston Law Office
221 S. 4th Street
Grand Forks, ND 58201

Sent To

Street, Ap
or PO Box
City, State, ZIP+4

DOCKET NO.: CWA-08-2011-0039

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **NOV - 1 2011**

DeWayne Johnston
Johnston Law Office
221 S. 4th Street
Grand Forks, ND 58201
DOCKET NO.: CWA-08-2011-0039

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
DeWayne Johnston Addressee

B. Received by (Printed Name) C. Date of Delivery
11/4/11

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article (Trans.) **7009 3410 0000 2595 1367**

order

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540