

7009 3410 0000 2595 5280

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage \$		11/8/12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Total Post **Terri L. Stamper**
Stamper Jewelry
 P. O. Box 3210
 Rapid City, SD 57709-3210
 DOCKET NO.: SDWA-08-2012-0062

Sent To
 Street, Apt. or PO Box
 City, State, ZIP

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"/> <i>Terri L. Stamper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gary G. Galzen</i></p> <p>C. Date of Delivery <i>NOV 13 2012</i></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: <i>NOV - 9 2012</i></p> <p>Terri L. Stamper Stamper Jewelry P. O. Box 3210 Rapid City, SD 57709-3210 DOCKET NO.: SDWA-08-2012-0062</p>	<p>3. Service Type <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>2. Article Number (Tr): <i>7009 3410 0000 2595 5280</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

NOV 13 2012
 RAPID CITY SD 57709-3210-9998