

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

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

7009 3410 0000 2596 2127

OFFICIAL USE
Scheduling Order

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)		<i>CWA-08-2011-0040</i>	

Total **Eric H. Bogue**
Bogue & Bogue, LLP

Sent To	Butler Insurance Building, Suite 2
Street, or PO E	104 West 1 st Street/P. O. Box 250
City, St	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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Eric Bogue</i></p> <p>C. Date of Delivery <i>01/19/12</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>JAN 12 2012</i></p> <div style="border: 1px solid black; padding: 5px;"> <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> </div>	<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 (Transit) <i>CWA-08-2011-0040 G</i></p> <p>7009 3410 0000 2596 2127</p>	<p><i>Scheduling Order</i></p>