

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

Postage \$ _____ *01/31/08*
 Certified Fee _____
 Return Receipt Fee (Endowment Required) _____
 Restricted Delivery Fee (Endowment Required) _____
 Postmark Here

Total Fee: **Damon Williams, Attorney**
 Legal Department
 Three Affiliated Tribes
 404 Frontage Road
 New Town, ND 58763
DOCKET NOS. RCRA-08-2008-0001 AND 0002

PS Form 3811, June 2002 Not to be used for international mail

7005 1620 0005 4855 7914

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 <i>x Wanda Driver</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>WANDA DRIVER</i></p> <p>C. Date of Delivery <i>2-11-08</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>RC</i> <i>B</i></p> <p>Damon Williams, Attorney, Legal Department Three Affiliated Tribes 404 Frontage Road New Town, ND 58763</p> <p>DOCKET NO.: RCRA-08-2008-0003</p> <p style="text-align: center; font-size: 1.2em;">FEB 07 2008</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article (Fee) 7007 1490 0001 4785 7114</p>	<p><i>order</i></p>
PS Form 3811, February 2004	Domestic Return Receipt