

**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: **SEP 30 2008**

Albert Steven Fox  
 Larson, Sundall, Larson Schaub & Fox, P.C.  
 POB 547  
 Chamberlain, SD 57325-0547

DOCKET NO: CWA-08-2008-0025/26

**SEP 30 2008**

2. Article Number  
 (Transfer from service label)

**7008 0500 0000 5595 8529**

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

**ROBT SCHAU**

C. Date of Delivery

**10-3-08**

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**CAFO**

102595-02-M-1540