

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>X Mary Beth Reynolds</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>ENF-L P</i>	B. Received by (Printed Name) <i>MARY BETH REYNOLDS</i> C. Date of Delivery <i>5-28-08</i>
FRED STREGE, ESQ. SMITH STREGE & FREDERICKSEN, LTD 321 DAKOTA AVENUE WAHPETON, ND 58075	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
MAY 23 2008	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7004 1350 0001 5669 5093 Domestic Return Receipt <span style="float: right;">102505-02-M-1540</span>

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1. Article Addressed to:	B. Received by (Printed Name) <i>DIANNA PIPER</i> C. Date of Delivery <i>5-27-08</i>
DENNIS FEWLESS, DIRECTOR NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF WATER QUALITY 918 EAST DIVIDE AVENUE, 4TH FLOOR BISMARCK, ND 58501-1947	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
MAY 23 2008	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	ENF-L <i>Q</i> 7004 1350 0001 5669 7820 Domestic Return Receipt <span style="float: right;">102505-02-M-1540</span>

*CWA-08-2008-0009*