

7008 1830 0000 5157 2465

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Postage \$		6/28/2010
Certified Fee		
Return Receipt Fee (Endorsement Re)		Postmark
Restricted Delivery (Endorsement Re)	Renee L. Coppock	
	Attorney for St. Labre Indian School	
	Educational Association	
Total Postage &	Crowley Fleck, PLLP	
Sent To	P. O. Box 2529	
Street, Apt. No., or PO Box No.	490 N. 31 <sup>st</sup> . Street, Suite 500 TW2	
City, State, ZIP+4	Billings, MT 59103-2529	

PS Form 3800, August 2006 See Reverse for Instructions

**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:  
 Renee L. Coppock  
 Attorney for St. Labre Indian School  
 Educational Association  
 Crowley Fleck, PLLP  
 P. O. Box 2529  
 490 N. 31<sup>st</sup>. Street, Suite 500 TW2  
 Billings, MT 59103-2529

2. Article Number (Tr) 7008 1830 0000 5157 2465

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Kerri Kindsfather*  Agent  Addressee
- B. Received by (Printed Name) *Kerri Kindsfather* C. Date of Delivery *7-1-10*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

JUN 28 2010

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3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes