

2010 NOV 23 PM 4: 22

FILED
EPA REGION VIII
HEARING CLERK

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. 	A. Signature <i>x Lisa Benoit</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: right; font-size: 1.2em;">OCT 1 2010</div>	B. Received by (Printed Name) <i>Lisa Benoit</i>	C. Date of Delivery <i>10-08-10</i>
Honorable John Bachman, Mayor City of Eagle Butte 280 South Main Eagle Butte, SD 57625	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	<div style="text-align: center; font-size: 1.2em;">7004 1350 0001 5669 3266</div>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Docket No. CWA-08-2010-0041

(Peggy Livingston's Case)