

| 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> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Kathy Duncan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>  |
| <p>1. Article Addressed to: <i>ENF-L K</i></p> <p><b>William J. Ellingson, Esq.</b><br/> <b>P.O. Box <del>343</del> 324</b><br/> <b>Flandreau, SD 57028-<del>0343</del></b></p> <p style="text-align: right;"><b>SEP 28 2007</b></p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>     If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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 Number (Transfer from air) <b>7005 1820 0005 4855 5261</b></p>   | <p style="text-align: right;"><b>TSCA-05-2007-0016</b> (0005-03-M-1040)</p>   |

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| <p>1. Article Addressed to: <b>SEP 28 2007</b></p> <p><b>Chuck Jones, City Administrator</b><br/> <b>City of Flandreau</b><br/> <b>1005 West Elm Avenue</b><br/> <b>P.O. Box 343</b><br/> <b>Flandreau, SD 57028-0343</b></p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>     If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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 (Title)</p>  | <p style="text-align: right;"><b>7-0016</b> (0005-03-M-1040)</p>  |

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| <p>1. Article Addressed to: <i>ENF-L I</i></p> <p><b>Honorable Mayor Warren D. Ludeman</b><br/> <b>City of Flandreau</b><br/> <b>1005 West Elm Avenue</b><br/> <b>P.O. Box 343</b><br/> <b>Flandreau, SD 57028-0343</b></p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>     If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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 (Title) <b>7005 1820 0005 4855 5267</b></p>  | <p style="text-align: right;"><b>TSCA-08-2007-0016</b> (0005-03-M-1040)</p>  |