

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7008 3230 0003 0729 5872

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

12/29/10

Postmark
Here

Total F **Ted Miller, Owner**
Black Hills Aero, Inc.
 420 Aviation Place
 Spearfish, SD

Sent To
 Street, /
 or PO B
 City, Sts

DOCKET NO.: SDWA-08-2010-0081

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:

DEC 29 2010

Ted Miller, Owner
 Black Hills Aero, Inc.
 420 Aviation Place
 Spearfish, SD

DOCKET NO.: SDWA-08-2010-0081

2. Article Number
 (Transfer from se

7008 3230 0003 0729 5872

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ted Miller Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 12-30-10

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DATE

102595-02-M-1540