

7008 3230 0003 0726 3505

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

1/8/14

Postmark  
Here

Total Postage  
**Margaret Eagle, Owner/Operator**  
**Belle Isle Store**  
P. O. Box 180  
St. Michael, ND 58370

Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, Zip

DOCKET NO.: RCRA-08-2012-0003

PS Form 3800, August 2005

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:

**Margaret Eagle, Owner/Operator**  
**Belle Isle Store**  
P. O. Box 180  
St. Michael, ND 58370

DOCKET NO.: RCRA-08-2012-0003

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**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article  
(Trans)

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order

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540