

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**

9858 9858 2598 0000 3410 7009

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

Postmark  
Here

Total Postage: **William Houim, President**  
**Central Trenching, Inc.**  
 5200 7<sup>th</sup> Avenue., SW  
 Minot, ND 58701

Sent To: \_\_\_\_\_  
 Street, Apt or PO Box \_\_\_\_\_  
 City, State, \_\_\_\_\_

**DOCKET NO.: CWA-08-2014-0021**

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:  
**F JUN 05 2014**

**William Houim, President**  
**Central Trenching, Inc.**  
 5200 7<sup>th</sup> Avenue., SW  
 Minot, ND 58701

**DOCKET NO.: CWA-08-2014-0021**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **Nancy Westman**  Agent  Addressee

B. Received by (Printed Name) **Nancy Westman** C. Date of Delivery **6-9**

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

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)  Yes

2. Article Number (7) **7009 3410 0000 2598 9858**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540