SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 X faulo Fluty Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: William and Paula Platz, Owners Hoffman Apartments 3220 North Main Street Mitchell, SD 57301	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
DOCKET NO.: TSCA-08-2008-0017	3. Service Type Certified Mail
ALIC 2 E 2008	
AUG 2 5 2008	4. Restricted Delivery? (Extra Fee) ☐ Yes