

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: **OCT 31 2008**

David A. Oberg, Registered Agent
Colton Redi-Mix, Inc.
109 E. 5th Street
POB 185
Colton, SD 57018

DOCKET NO.: SDWA-08-2008-0043

RC

E

2. Article Number
(Transfer from service label)

7007 3020 0003 3320 7241

0110

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-Z-0985

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty Oberg Agent
 Addressee

B. Received by (Printed Name) **Betty Oberg** C. Date of Delivery **11-3-08**

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