

7008 3230 0003 0729 5728

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

Postage \$		10/28/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Paid	James R. Bullis Kyle G. Pender Montgomery, Goff & Bullis, P.C. P. O. Box 9199 Fargo, ND 58106-9199	
Sent To	P. O. Box 9199 Fargo, ND 58106-9199	
Street, Apt or PO Box	----- -----	
City, State	DOCKET NO.: CWA-08-2009-0021 ----- -----	

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Lynne Spaeth</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) LYNNE SPAETH</p> <p>C. Date of Delivery 10-2-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right; font-size: 1.2em;">OCT 28 2010</p> <div style="border: 1px solid black; padding: 5px;"> <p>James R. Bullis Kyle G. Pender Montgomery, Goff & Bullis, P.C. P. O. Box 9199 Fargo, ND 58106-9199</p> <p>DOCKET NO.: CWA-08-2009-0021</p> </div> <p style="text-align: center; font-size: 1.5em;">A</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer)</p> <p>7008 3230 0003 0729 5728</p>	<p style="text-align: center; font-size: 1.5em;">CA/FO</p>