

7008 1140 0004 5101 7348

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 CASE**

Postage	\$	4/10/09 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent to: **Albert Steven Fox**  
**Larson, Sundall, Larson, Schaub & Fox,**  
**P.C.**  
**P.O. Box 547**  
**Chamberlain, SD 57325-0547**  
**Docket No: CWA-08-2007-0025 & CWA-08-2007-0026**

**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: **APR 10 2009**

**Albert Steven Fox**  
**Larson, Sundall, Larson, Schaub & Fox,**  
**P.C.**  
**P.O. Box 547**  
**Chamberlain, SD 57325-0547**  
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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Ryan Swanson*

B. Received by (Printed Name) C. Date of Delivery  
**4-13-09 JC**

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

2. Article Number (Transfer from service label) **7008 1140 0004 5101 7348** **CAFD**