

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:

ENT-L I

Ms. Yolanda Bears Tail, Manager
White Shield Ree Store
Two Second Avenue West
Rose Glen, ND 58775

DEC 18 2007

2. Article Number
(Transfer from service label)

7006 3450 0002 1976 4057

PS Form 3811, February 2004

Domestic Return Receipt

102535-02-001040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Yolanda Bears Tail

☐ Agent☐ Addressee

B. Received by (Printed Name)

Yolanda Bears Tail

C. Date of Delivery

12-21-07

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

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ENT-L H

Marcus Wells Jr., Chairman
Fort Berthold Tribal Business Council
404 Frontage Road
New Town, ND 58763

DEC 18 2007

2. Article Number
(Transfer from service label)

7006 3450 0002 1976 4026

PS Form 3811, February 2004

Domestic Return Receipt

102535-02-001040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marcus Wells Jr.

☐ Agent☐ Addressee

B. Received by (Printed Name)

Marcus Wells Jr.

C. Date of Delivery

12/21/07

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