

MHA *Interplan - Fuel*

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:

James Staflien
 P.O. Box 0094
 Makoti, ND 58756

2. Article Number
 (Transfer from service label)

7003 1680 0000 5220 4121

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>James Staflien</i>		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>James Staflien</i>	C. Date of Delivery <i>7/2/12</i>	
D. Is delivery address different from item 1? if YES, enter delivery address below:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 U.S. E.P.A.
 JUL 2 - 9 PM '12
 APPEALS BOARD