183	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
93	For delivery information visit our website at www.usps.com						
-0	OFFICIONICUSE						
072	Postage	\$	11/6/13				
000	Certified Fee						
	Return Receipt Fee (Endorsement Required)		Postmark Here				
3230	Restricted Delivery Fee (Endorsement Required)						
	N	owayne Sikich, Preside Northridge Villas, LLC					
7008	Sent To	412 31st Avenue South	east				
	Street, Apt. No.; or PO Box No. City, State, ZIP+4	Minot, ND 58701 DOCKET NO.: CWA	-08-2013-0031				
	PS Form 3800, August 2	2006	See Reverse for Instructions				

SENDER: COM	PLETE THIS SECT	TION			IS SECTION ON DELI	VENT
 item 4 if Restr ■ Print your nan so that we ca ■ Attach this ca 	 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. 		e,)	A. Signature Agent Address B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? No		
Dwayne Sikich, President Northridge Villas, LLC. 1412 31st Avenue Southeast Minot, ND 58701 DOCKET NO.: CWA-08-2013-0031			3. Service Type Certified Mail Registered Insured Mail C.O.D.			
			4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article	7008 3230	0003	0728	9383	CASIFO	