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12/30/13

Postage \$	
Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	
Total F	

Postmark Here

Bruce Vazanna, President
North Country Oil, Inc.
 7258 38th Street
 Parshall, ND 58770

Sent To
 Street, PO B
 City, St

DOCKET NO.: CWA-08-2014-0009

7008 3230 0003 0726 3123

E2TE 9220 0000 022E 9007

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>1. Article Addressed to: DEC 31 2013 <i>A</i></p> <p>Bruce Vazanna, President North Country Oil, Inc. 7258 38th Street Parshall, ND 58770</p> <p>DOCKET NO.: CWA-08-2014-0009</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i> <i>Bruce Vazanna</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Bruce Vazanna</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article (Trans) 7008 3230 0003 0726 3123 <i>CA/FO</i></p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> No</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: right;">102595-02-M-1540</p>