

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 USE**

7008 3230 0003 0726 3727

Postage	\$	4/23/14
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

**Tot Daniel Hjelman, President**  
**West Valley Contracting, Inc.**  
 P. O. Box 1711  
 Bismarck, ND 58503

Sent \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 City, State, and ZIP+4® \_\_\_\_\_

**DOCKET NO.: CWA-08-2014-0015**

PS Form 3800, August 2006

See Reverse for Instructions

**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 24 2014**

**Daniel Hjelman, President**  
**West Valley Contracting, Inc.**  
 P. O. Box 1711  
 Bismarck, ND 58503

**DOCKET NO.: CWA-08-2014-0015**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Julie J. L. Dofschmidt*  Agent  Addressee

B. Received by (Printed Name) *Julie J. L. Dofschmidt* C. Date of Delivery *4-28-14*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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) **7008 3230 0003 0726 3727**

**CA/FU**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540