

**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:

Margaret Eagle, Owner/Operator  
 Belle Isle Store  
 P. O. Box 180  
 St. Michael, ND 58376

DOCKET NO.: RCR 08-2012-0003

AUG 20 2014

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Margaret Eagle 8-26-14

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

PO Box 159  
 FT TOTTEN ND  
 58335

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Air Mail (M) 7008 3230 0003 0728 0045 Status