

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**

9520 9220 0000 0236  
 7008 3230 0003 0728 0236

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

1/28/15

Postmark Here

**Total** Karla L. Engle, Legal Counsel  
 South Dakota Department of Transportation  
 700 E. Broadway Avenue  
 Pierre, SD 57501-2586

Sent  
 Street or PO  
 City

DOCKET NO.: RCRA-08-2015-0001

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:

B JAN 29 2015

Karla L. Engle, Legal Counsel  
 South Dakota Department of Transportation  
 700 E. Broadway Avenue  
 Pierre, SD 57501-2586

DOCKET NO.: RCRA-08-2015-0001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** CENTRAL MAIL SERVICES  
 1320 E SIOUX AVE  
 PIERRE SD 57501  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 FEB 02 2015

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. 7008 3230 0003 0728 0236