

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

CALIF
10/26/15

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	

Sent To
 Douglas Artz, President
 Artz Equipment, Inc.
 38399 U. S. Hwy 12
 Aberdeen, SD 57401-84033

Sent To
 Street, Apt.
 or PO Box
 City, State,
 ZIP+4®

DOCKET NO.: SDWA-08-2015-0040

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0727 6987

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:</p> <p style="text-align: right; color: red; font-weight: bold;">"B"</p> <p>Douglas Artz, President Artz Equipment, Inc. 38399 U. S. Hwy 12 Aberdeen, SD 57401-84033</p> <p>DOCKET NO.: SDWA-08-2015-0040</p> <p style="font-size: 1.2em; font-weight: bold; color: blue;">OCT 27 2015</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Douglas Artz</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery _____ 10-26</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Trans) 7008 323 0003 0727 6987</p> <p style="text-align: right; font-size: 1.5em; font-weight: bold; color: blue;">CALIF</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	