

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

Postage \$		<div style="font-size: 1.5em; font-weight: bold;">12/19/07</div> Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Title **Dennis Mines, Property Owner**
 1904 East Highway 50
 Yanktown, SD 57078

Street Apt. or PO Box
 City, State
DOCKET NO.: SDWA-08-2007-0092

PS Form 3811, February 2004 See Reverse for Instructions

7005 1820 0005 4855 7988

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>A. Signature <input checked="" type="checkbox"/> <i>Janet Mines</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Registered by (Printed Name) C. Date of Delivery JANET MINES / 12-21-07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: <div style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">RC</div> <div style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">DEC 19 2007</div> <div style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">F</div> Dennis Mines, Property Owner 1904 East Highway 50 Yanktown, SD 57078 DOCKET NO SDWA-08-2007-0092 </p>	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered 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. Add (Post) CATF</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7005 1820 0005 4855 7988</p>	
<p>PS Form 3811, February 2004 10255-02-M-1540</p>	