

**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**

7007 2560 0002 6445 2501

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	
<b>Send To:</b>	<b>Damon Williams, Attorney</b>
<b>Street, Apt. or PO Box /</b>	<b>Law Department</b>
<b>City, State,</b>	<b>Three Affiliated Tribes</b>
	<b>404 Frontage Road</b>
	<b>New Town, ND 58763</b>
	<b>DOCKET NOS: RCRA-08-2008-0001; 0002;0003</b>

CA/FO  
07/07/08

PS Form 3800, August 2004 See Reverse for Restrictions

**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:

RC

Damon Williams, Attorney  
 Law Department  
 Three Affiliated Tribes  
 404 Frontage Road  
 New Town, ND 58763  
 DOCKET NOS: RCRA-08-2008-0001; 0002;0003

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Lisa Good Bird*

B. Received by (Printed Name) *Lisa Good Bird*

C. Date of Delivery

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

E. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

JUL 07 2008  
 2. Article (Date) 7007 2560 0002 6445 2501