

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: *Doc # SDWA 08-2008-0004*

Wayne Kern, Dir. Drinking Water Program
 Div. of Municipal Facilities Env. Health Sec.
North Dakota Dept. of Health
 918 E. Divide Ave
 Bismarck, ND 58501-1947

OCT 19 2007

SENF-W

B

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Dawn Brown* Agent
 Addressee

B. Received by (*Printed Name*)
Dawn Brown

C. Date of Delivery
10-22-07

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. Article Number
 7005 0390 0000 4846 7043

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