

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:

David Poirier, Director
 OST Water and Sewer Company
 P.O. Box 1054
 Pine Ridge, SD 57770

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Heather Kelly

B. Received by (Printed Name) C. Date of Delivery
Heather Kelly *2/14/12*

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

FEB - 8 2012

C

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

7009 3410 0000 2597 6834 Yes

2. Article Number
 (Transfer from service label)

Docket # 08-2012-0006

2/21/2012

Judith M. McTernan