

7005 1820 0005 4855 9593

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE *Order*

Postage \$		9/18/07 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pos	Frank Bettmann	
<i>Sent To</i>	Attorney at Law	
<i>Street, Apt. or PO Box</i>	1506 Mountain View Road #101	
<i>City, State</i>	Rapid City, SD 57702	
	DOCKET NO.: CWA-08-2007-0011	

PS Form 3800, June 2002 See Reverse for Instructions

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:

SEP 18 2007

Frank Bettmann
 Attorney at Law
 1506 Mountain View Road #101
 Rapid City, SD 57702

DOCKET NO.: CWA-08-2007-0011

RC D

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
J. Williams Addressee

B. Received by (Printed Name) C. Date of Delivery
Jamy Williams 9-20-7

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 (Trans) *order*
 7005 1820 0005 4855 9593

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540