

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

10/30/07

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Enforcement Required)</small>		
Registered Delivery Fee <small>(Extra)</small>		

Postmark Here

To: Patrick T. Pardy
Mumford, Protsch & Pardy
Attorney for Respondent
P. O. Box 510
Madison, SD 57042
DOCKET NO.: TSCA-08-2007-0015/0017

PS Form 3811, June 2004 See Reverse for Instructions

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>Melvin Koster</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Melvin Koster</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: OCT 30 2007 <i>K</i></p> <p>Patrick T. Pardy Mumford, Protsch & Pardy Attorney for Respondent P. O. Box 510 Madison, SD 57042 DOCKET NO.: TSCA-08-2007-0015/0017</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express 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. Article # and/or (Bar) 7005 1820 0005 4855 7568</p>	<p style="text-align: center;">ONE 1-NON</p> <p style="text-align: center;">MADISON</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 10000-001</p>	