

7012 2210 0000 5369 9704

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
ESAT
FO

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Shelby's Minimart
302 Highway 249, Box 492
Ft. Thompson, SD 57339
RCRA-08-2018-0001

PS Form 3800, Au

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: **DEC 06 2017**

Shelby's Minimart
302 Highway 249, Box 492
Ft. Thompson, SD 57339
RCRA-08-2018-0001

2. Article Number (Transfer from service label) **7012 2210 0000 5369 9704**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
R. Pridner Addressee

B. Received by (Printed Name) *R. Pridner* C. Date of Delivery *12/12/17*

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