

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 *Scheduling Order*

7009 3410 0000 2594 6011

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

5/12/2011

Postmark
Here

Total Post: **Sheila J. Ganje, Finance Officer**
City of Eagle Butte
 P. O. Box 150
 Eagle Butte, SD 57625-0150

Sent To
 Street, Apt. #
 or PO Box N
 City, State, Z

DOCKET NO.: CWA-08-2010-0041

PS Form 3800, August 2006

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: *MAY 12-2011*

Sheila J. Ganje, Finance Officer
City of Eagle Butte
 P. O. Box 150
 Eagle Butte, SD 57625-0150

DOCKET NO.: CWA-08-2010-0041

B

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Mark Statton* C. Date of Delivery *5-16-11*

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

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 Tracking Number: **7009 3410 0000 2594 6011**

Scheduling Order

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540