

7008 3230 0003 0731 4474

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 CASE

Postage		6/11/09 Present Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Fee	John W. Backes	
Sent To	McGee, Hankla, Backes & Dobrovolsky	
Street, Apt or PO Box	Wells Fargo Bank Center	
	15 Second Avenue, SW, Suite 305	
	Minot, ND 58702-0998	
City, State	DOCKET NO.: CWA-08-2009-0004	

PS Form 3811, August 2008 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 <i>J. Marmor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Danny Marmor</i></p> <p>C. Date of Delivery JUN 15 2009</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:</p> <p style="text-align: right;">JUN 12 2009</p> <p>John W. Backes McGee, Hankla, Backes & Dobrovolsky Wells Fargo Bank Center 15 Second Avenue, SW, Suite 305 Minot, ND 58702-0998 DOCKET NO.: CWA-08-2009-0004</p>	<p>3. Service Type</p> <p><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 Number (Post)</p> <p>7008 3230 0003 0731 4474</p>	<p><i>CA/PO</i></p>