

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 *Order*

7008 1140 0004 5097 5939

Postage	\$	12/23/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total | **David Larson**
 Larson Law PC
 Sent To | 131 Main Street - P. O. Box 131
 Chamberlain, SD 57325

Street, or PO Box
 City, St
DOCKET NO.: CWA-08-2008-0033

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: **DEC 24 2008**

David Larson
 Larson Law PC
 131 Main Street - P. O. Box 131
 Chamberlain, SD 57325

DOCKET NO.: CWA-08-2008-0033

B

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Janice Fredrickson* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 12-29-08

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 (Trail) **7008 1140 0004 5097 5939**

Order