

7008 3230 0003 0726 5837

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

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

Send To:  
 Street, Apt. or PO Box:  
 City, State:  
 PS Form 3811

**John S. Steinberger, Jr., Esq.**  
**Attorney at Law**  
**P.O. Box 566**  
**Kenmare, ND 58746-0566**  
**CAA-08-2010-0030**

**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: **NOV 12 2010**

**John S. Steinberger, Jr., Esq.**  
**Attorney at Law**  
**P.O. Box 566**  
**Kenmare, ND 58746-0566**  
**CAA-08-2010-0030**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

**X** *[Signature]*

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery  
**11-15-10**

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

2. Article Number  
 (Transfer from service label) **7008 3230 0003 0726 5837**