

7005 1160 0005 3398 2509

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

Postmark Here

Total To: **Joseph and Ronald Muth**  
 Sent To: **Doeck, LLC**  
 Street, Ap or PO Box: **400 North Rowley Street**  
 City, State: **Mitchell, South Dakota 57301**

PS Form 3811, June 2004

See Reverse for full details

**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:

JUN 12 2009

**Joseph and Ronald Muth**  
**Doeck, LLC**  
**400 North Rowley Street**  
**Mitchell, South Dakota 57301**

CNA-08-2009-0016 G

2. Article Number

(Transfer from service label)

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PS Form 3811, February 2004

Domestic Return Receipt

10025-01-00-1000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*John Kemp*

Agent

Addressee

B. Received by (Printed Name)

*John Kemp*

C. Date of Delivery

*6-15-09*

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