

U.S. Postal ServiceTM
CERTIFIED MAILSM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL CAUSE

7007 2560 0002 6445 1816

Postage	\$	6/26/08
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		Postmark Date
Send To: Steve Slowey, Registered Agent Slowey Construction, Inc. 2510 W. 31 st Street P. O. Box 113 Yankton, SD 57078-0113 City, State: DOCKET NO.: SDWA-08-2008-0035		

PS Form 3800, August 2000

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: **RC** **P**

Steve Slowey, Registered Agent
 Slowey Construction, Inc.
 2510 W. 31st Street
 P. O. Box 113
 Yankton, SD 57078-0113
 DOCKET NO.: SDWA-08-2008-0035

JUN 26 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Carla Rothman*

C. Date of Delivery: *6/26/08*

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 (This number is printed on the mailpiece): **7007 2560 0002 6445 1816**

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

702105-00-00-1040