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

Total Fee: **Charlie Jaskowiak,  
 Water Treatment Supervisor  
 Bismarck Water Treatment Facility  
 P. O. Box 5503, 601 S. 26<sup>th</sup> Street  
 Bismarck, ND 58506-5503**

DOCKET NO.: CAA-08-2010-0018

PS Form 3811, August 2009

Not to be used for mail collection

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <b>AUG 25 2010</b></p> <p><b>Charlie Jaskowiak,                  Water Treatment Supervisor                  Bismarck Water Treatment Facility                  P. O. Box 5503, 601 S. 26<sup>th</sup> Street                  Bismarck, ND 58506-5503</b></p> <p>DOCKET NO.: CAA-08-2010-0018</p> <p style="text-align: center; font-size: 2em;">A</p>		<p>B. Received By / (Printed Name) <i>[Signature]</i> C. Date of Delivery <b>8-30</b></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>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 No. (Transfer No.) <b>7008 3230 0003 0729 5490</b></p>		CA/ID	