

7007 1490 0001 4785 7060

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE CA/FO

Postage	\$	03/31/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	William J. Ellingson, Esq. James A. Billion, Esq.	
Sent To	Ellingson Law Firm	
Street, 2 or PO Box	211 N. Wind Street, P. O. Box 324	
City, State	Flandreau, SD 57028-0324	
	DOCKET NO.: TSCA-08-2007-0016	

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Susan Peterson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Susan Peterson</i> 3-31-2008</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>1. Article Addressed to: <i>RC</i> <i>B</i></p> <p>William J. Ellingson, Esq. James A. Billion, Esq. Ellingson Law Firm 211 N. Wind Street, P. O. Box 324 Flandreau, SD 57028-0324 DOCKET NO.: TSCA-08-2007-0016</p>	<p>3. Service Type <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 (Tr) 7007 1490 0001 4785 7060</p>	<p>MAR 27 2008 CA/FO</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540