

Certificate of Service

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) D. L. 7715</p> <p>C. Date of Delivery 4-10-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>YES, enter delivery address below:</small></p>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">LAKE SAKAKAWEA & ASSOCIATES, L.L.C. 3765 HIGHWAY 1806 MANDAN, ND 58554-8240</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 Number <small>(Transfer from service label)</small></p> <p style="font-size: 1.2em; font-weight: bold;">7009 3410 0000 2597 7039</p>	<p style="text-align: center; font-size: 1.5em; font-weight: bold;">MANDAN ND</p>

Docket CWA-08-2011-0017

April 16, 2012

Judith M. McTernan